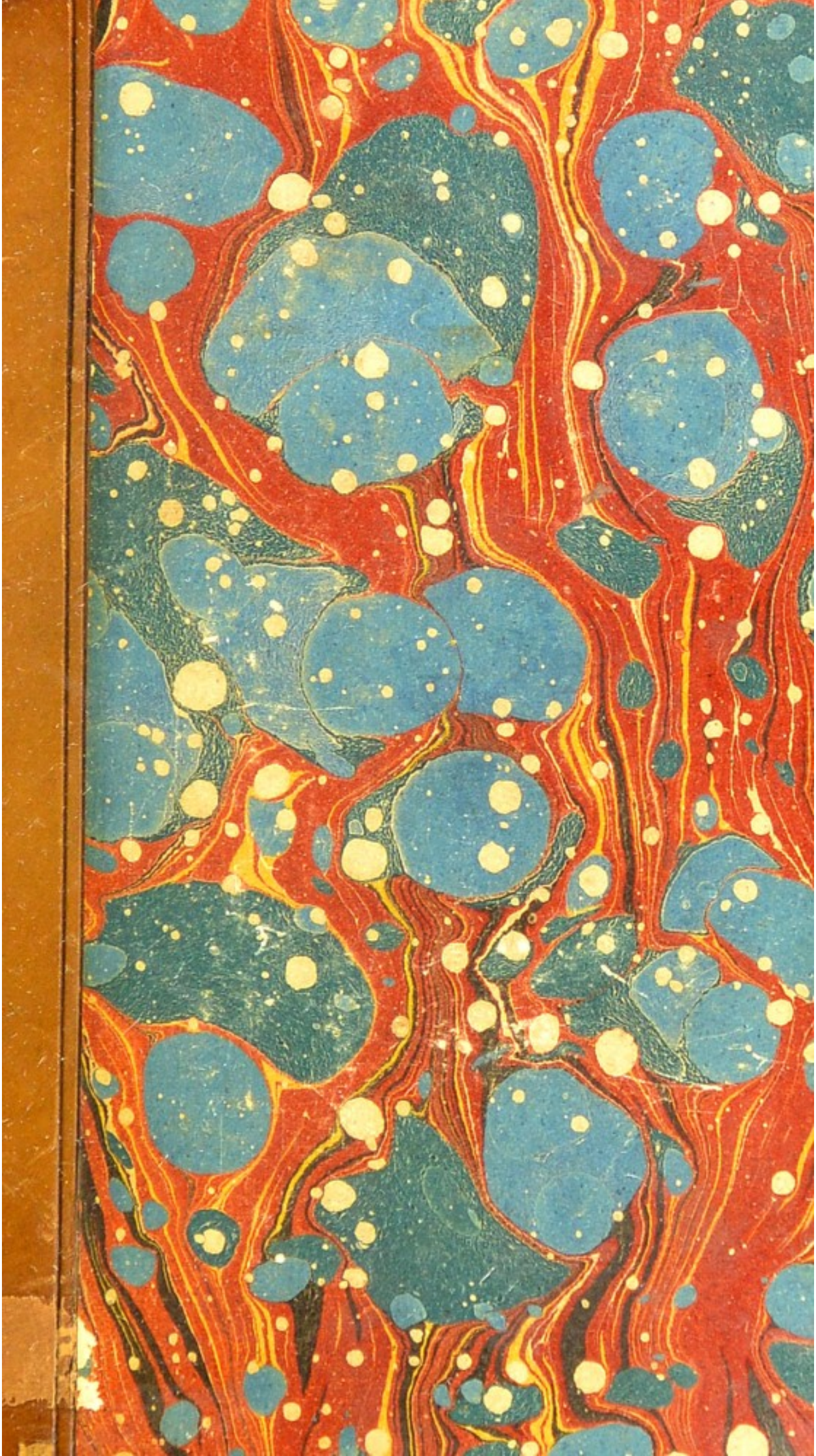
Notes on nursing for the labouring classes / by Florence Nightingale.



NOTES ON NURSING

FOR

THE LABOURING CLASSES.

BY

FLORENCE NIGHTINGALE.

NEW EDITION.

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This Edition has been made for the use of the Labouring Classes, with some abridgment, with considerable additions, and with a supplementary Chapter on Children.

September, 1867. F. N.

PREFACE.

THE following notes are by no means intended as a rule of thought by which nurses can teach themselves to nurse, still less as a manual to teach nurses to nurse. They are meant simply to give hints for thought to women who have personal charge of the health of others. Every woman, or at least almost every woman, in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid,—in other words, every woman is a nurse. Every day sanitary knowledge, or the knowledge of nursing, or in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognized as the knowledge which every one ought to have—distinct from medical knowledge, which only a profession can have.

If then, every woman must, at some time or other of her life, become a nurse, *i.e.*, have charge of somebody's health, how immense and how valuable would be the produce of her united experience if every woman would think how to nurse.

I do not pretend to teach her how, I ask her to teach herself, and for this purpose I venture to give her some hints.

CONTENTS.

NOTES ON NURSING:

WHAT IT IS AND WHAT IT IS NOT.

In watching disease, both in private houses and in public hospitals, the thing which strikes the experienced observer most forcibly is this, that the symptoms or the sufferings generally considered to be unavoidable and peculiar to the disease are very often not symptoms of the disease at all, but of something quite different—of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each or of all of these. And this quite as much in private houses and cottages as in hospitals.

The process of repairing the body which Nature has instituted, and which we call disease, has been hindered by some want of knowledge or attention, in one or in all of these things, and pain, suffering, or interruption of the whole process sets in.

If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper choosing and giving of diet—all at the least expense of vital power to the patient.

It has been said and written scores of times, that every woman makes a good nurse. I believe, on the contrary, that the very elements of nursing are all but unknown.

By this I do not mean that the nurse is always to blame. Bad construction of rooms and houses, and other bad arrangements often make it impossible to nurse. But the art of nursing ought to include such arrangements as alone make what I understand by nursing possible.

If we are asked, Is such or such a disease a restorative process? Can such an illness be unaccompanied with suffering? Will any care prevent such a patient from suffering this or that?—I humbly say, I do not know. But when you have done away with all that pain and suffering, which in patients are the symptoms not of their disease, but of the absence of one or all of the above-men-

tioned essentials to the success of Nature's restorative processes, we shall then know what are the symptoms of and the sufferings inseparable from the disease.

Another and the commonest exclamation which will be instantly made is—Would you do nothing, then, in cholera, fever, &c. ?—so deep-rooted and universal is the conviction that to give medicine is to be doing something, or rather everything; to give air, warmth, cleanliness, &c., is to do nothing. The reply is, that in these and many other similar diseases the exact value of particular remedies and modes of treatment is by no means ascertained, while there is universal experience as to the extreme importance of careful nursing in determining the issue of the disease.

II. The very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health or of nursing, for they are in reality the same, obtain among the well as among the sick. The breaking of them produces only a less violent consequence among the former than among the latter,—and this sometimes, not always.

It is constantly objected,—"But how can I obtain this medical knowledge? I am not a doctor. I must leave this to doctors."

Oh, mothers of families! You who say this, do you know that one in every seven infants in this civilized land of England perishes before it is one year old? That, in London, two in every five die before they are five years old? And, in the other great cities of England, nearly one out of two?

Upon this fact the most wonderful deductions have been strung. For a long time an announcement something like the following has been going the round of the papers:—"More than 25,000 children die every year in London under 10 years of age; therefore we want a Children's Hospital." Last spring there was a paper issued, and divers other means taken to this effect:—"There is a great want of knowledge about health in women: therefore we want a Women's Hospital." Now, both the above facts are too sadly true. But what is the consequence? The causes of the enormous child mortality are perfectly well known; they are chiefly want of cleanliness, want of ventilation, careless dieting and clothing, want of whitewashing; in one word, want of *household* care of health. The remedies are just as well known; and among them is certainly not the establishment of a Child's Hospital. This may be a want; just as there may be a want of hospital room for adults. But the Registrar-General

would certainly never think of giving us, as a cause for the high rate of child mortality in (say) Liverpool, that there was not sufficient hospital room for children; nor would he urge upon us, as a remedy, to found a hospital for them.*

Again, women, and the best women, are wofully deficient in knowledge about health; although it is to women that we must look, first and last, for its application, as far as *household* care of health is concerned. But who would ever think of citing the institution of a Women's Hospital as the way to cure this want?

"The life duration of babies is the most delicate test" of sanitary conditions. Granted that nearly half the whole population of English cities dies before it is five years old, is all this premature suffering and death necessary? Or did Nature intend mothers to be always accompanied by doctors? Or is it better to learn any thing rather than to learn the laws which are to preserve your offspring?

At present neither mothers of families of any class, nor schoolmistresses of any class, nor nurses of children, nor nurses of hospitals, are taught anything about those laws which God has assigned to the relations of our bodies with the world in which He has put them. In other words, the laws which make these bodies, into which He has put our minds, healthy or unhealthy organs of those minds, are all but unlearnt. Not but that these laws—the laws of life—are in a certain measure understood, but not even mothers think it worth their while to study them—to study how to give their children healthy existences. They call it medical or physiological knowledge, fit only for doctors.

Again, we are constantly told,—"But the circumstances which govern our children's healths are beyond our control. What can we do with winds? There is the east wind. Most people can tell before they get up in the morning whether the wind is in the east."

To this one can answer with more certainty than to the former objections. Who is it who knows when the wind is in the east? Not the Highland drover, certainly, exposed to the east wind, but the "young lady" who is worn out with the want of exposure to fresh air, to sunlight, &c. Put the latter under as

* This very year, 1868, a health report on Manchester has appeared, which is virtually to this effect:—Let the town breed as much infectious disease as it likes; put the cases into big infirmaries; this is the way to cure Manchester, to build hospitals to cure people after they have been killed.

healthy circumstances as the former, and she too will not know when the wind is in the east.

I.—VENTILATION AND WARMING.

THE very first rule of nursing, the first and the last thing upon which a nurse's attention must be fixed, the first essential to the patient, without which all the rest you can do for him is as nothing, with which I had almost said you may leave all the rest alone, is this: TO KEEP THE AIR HE BREATHES AS PURE AS THE EXTERNAL AIR, WITHOUT CHILLING HIM. Yet what is so little attended to? Even where it is thought of at all, there are the most extraordinary misconceptions about it. Even in admitting air into the patient's room or ward, few people ever think where that air comes from. It may come from a passage, always unaired, always full of the fumes of gas, dinner, of various kinds of mustiness: from an underground kitchen, sink, wash-house, water-closet, dung-heap, or even, as I myself have had sorrowful experience, from open sewers loaded with filth; and with this the patient's room or ward is aired, as it is called—poisoned, it should rather be said. Always air from the air without, and that, too, through those windows, through which the air comes freshest. From a closed court, especially if the wind do not blow that way, air may come as stagnant as from any inside passage.

Again, a thing I have often seen in the sleeping rooms of private houses and cottages. The fire-place is carefully fastened up with a board; the windows are rarely or never opened; perhaps they are not made to open, or they open only at the bottom; perhaps some kind of stores are kept in the room; no breath of fresh air can by possibility enter that room. The air is as stagnant, musty, and corrupt as it can by possibility be made. It is quite ripe to breed small-pox, scarlet fever, diphtheria, or anything else you please.

Yet people, or worse still, children will sleep in that room without any previous airing. And the door will be left open all day in order to make the adjoining sitting-room or "house-place" as foul as possible too, for ten to one the window of the sitting-room is kept closed.

The common idea as to rooms is that they may safely be left with window and chimney-board both closed—sealed up if possible—to keep out the dust, it is sometimes said; and that no

harm will happen when inmates are put in. The question is often asked—But when ought the windows to be opened? The answer is—When ought they to be shut?

A short time ago a man walked into a back kitchen in Queen's-square, and cut the throat of a poor consumptive creature sitting by the fire. The murderer did not deny the act, but simply said, "It's all right." Of course he was mad.

But in our case, the extraordinary thing is that the victim says, "It's all right," and that we are not mad. Yet, although we "nose" the murderers in the musty, unaired, unsunned room, the scarlet fever which is behind the door, or the fever and hospital gangrene which are stalking among the crowded beds of a hospital ward, we say, "It's all right."

With a proper supply of windows, and a proper supply of fuel in open fire-places, fresh air is comparatively easy to secure when your patient or patients are in bed. Never be afraid of open windows then. People don't catch cold in bed. This is a popular fallacy. With proper bed-clothes and hot bottles, if necessary, you can always keep a patient warm in bed, and well ventilate him at the same time.

But a careless nurse, be her rank and education what it may, will stop up every cranny, and keep a hot-house heat when her patient is in bed,—and if he is able to get up, leave him comparatively unprotected. The time when people take cold (and there are many ways of taking cold, besides a cold in the nose) is when they first get up after the two-fold exhaustion of dressing and of having had the skin relaxed by many hours, perhaps days, in bed, and thereby rendered more incapable of re-action. Then the same temperature which refreshes the patient in bed may destroy the patient just risen. And common sense will point out that, while purity of air is essential, a temperature must be secured which shall not chill the patient. Otherwise the best that can be expected will be a feverish re-action.

To have the air within as pure as the air without, it is not necessary, as often appears to be thought, to make it as cold.

In the afternoon again, without care, the patient whose vital powers have then risen, often finds the room as close and oppressive as he found it cold in the morning. Yet the nurse will be terrified if a window is opened.

It is very desirable that the windows in a sick room should be such as that the patient shall, if he can move about, be able to

open and shut them easily himself.* In fact, the sick room is very seldom kept aired if this is not the case—so very few people have any perception of what is a healthy atmosphere for the sick. The sick man often says, "This room, where I spend twenty-two hours out of the twenty-four, is fresher than the other where I only spend two. Because here I can manage the windows myself." And it is true.

In a little book on nursing, published a short time ago, we are told, that "with proper care it is very seldom that the windows cannot be opened for a few minutes twice in the day to admit fresh air from without." I should think not; nor twice in the hour either. It only shows how little the subject has been considered.

Of all methods of keeping patients warm the very worst certainly is to depend for heat on the breath and bodies of the sick. I have known many a nurse keep her invalid's windows always closed, thus exposing the invalid to all the dangers of an infected atmosphere, because she was afraid that, by admitting fresh air, the temperature would be too much lowered. This is a destructive fallacy.

To attempt to keep a room warm at the expense of making the sick repeatedly breathe their own hot, damp, putrid atmosphere is a certain way to delay recovery or to destroy life.

Do you ever go into the bed-rooms of any persons of any class, whether they contain one, two, or twenty people, whether they hold sick or well, at night, or before the windows are opened in the morning, and ever find the air anything but unwholesomely close and foul? And why should it be so? And of how much importance is it that it should not be so? During sleep, the human body, even when in health, is far more injured by the influence of foul air than when awake. Why can't you keep the air all night, then, as pure as the air without in the rooms you sleep in? But for this, you must have sufficient outlet for the impure air you make yourself to go out; sufficient inlet for the pure air from without to come in. You must have open chimneys, open windows, or ventilators; no close curtains round your beds; no shutters or curtains to your windows, none of the con-

* NOTE.—Delirious fever cases, where there is any danger of the patient jumping out of window, are of course, exceptions. It is absolutely necessary that such cases should be kept cool and well-aired. I would undertake, with four gimblets, to save all risk of accidents, by merely preventing the sashes, both upper and lower, from being opened more than a few inches.

trivances by which you undermine your own health or destroy the chances of recovery of your sick.

Open the window above, not below. If your windows do not open above, the sooner they are made to do so the better. An inch or two will be enough for two people in a moderately-sized bed-room in winter. In a children's nursery or bed-room more will be required, according to the number. The worst place to admit air, either into a sick room or hospital ward, is at or near the level of the floor. I like casement windows better than sash windows, for this reason, that you *cannot* open a casement or French window as I see all women doing—an inch and a half of the lower sash—just on purpose *not* to air the room and to give you the rheumatism by the draught. Air admitted in this situation cools the floor and the lower strata of air ; and if the patient is able to step out of bed, the cold air may give him a dangerous chill. During mild weather and summer time your windows may be wide open. In this, as in other things, common sense must be used. Ventilation of a bed-room or a sick room does not mean throwing the window up to the top, or drawing it down as far as it will come ; still less does it mean opening the windows at intervals and keeping them shut between times, thereby subjecting the patient to the risk of frequent and violent alternations of temperature. It means simply keeping the air fresh.

The true criterion of ventilation is to step out of the sitting-room, bed-room, or sick room, in the morning, into the open air. If, on returning to it, you feel the least sensation of closeness, the ventilation has not been enough, and that room has been unfit for either sick or well to sleep in.

It is very odd how much more regard gardeners have for their plants than women have for their children or patients. If you were a gardener, you would know that, if you admitted air into your green-houses, as almost all women do into their rooms, viz., by a chink at the bottom of the window, the plants opposite that chink would die from the cutting air, and the plants above the chink would die for *want* of air. The air throughout a room is never changed by a draught in the lower part of the room. But it *is* changed by an open window in the upper part.

I have observed fifty times the death of poor unfortunate plants transferred to rooms aired after this fashion by the care of stupid women. What must it then be for their children or patients?

It is a curious fact, which you may any day observe for your-

self, that the air admitted from a chink at the top of your window will circulate throughout the room—will keep it perfectly fresh without a draught, while, with a much wider chink near the bottom, it will be both close and draughty.

Do give yourself the trouble to open the window from the top. It is nothing but laziness which prevents your doing so. Add to this you can generally make a bad chimney smoke by the chink below—rarely by the chink above.

Again, you may any day observe for yourself how smells *drift*. If there is a corner in your room where there is no window, or where you never open the window, especially if it be at the end of a narrow room, any smell from any mess or dirt, from anything doing on the fire, will be stronger there than at the spot, or at any other spot in the room. Nay, it will even remain there long after the dirt is removed, and the smell gone from the spot. Yet such a corner as this is the one generally chosen for a sick bed to stand in. You can easily satisfy yourself by actual experiment of what I say. It is true even with regard to the scent of flowers. It is this which makes it so dangerous to leave the bed-room door open into a passage. You are quite sure to have the smell of any smoking, of any gas or candle, of any water-closet or sink, drifting into the place you sleep in, or worse where your sick person lies.

Of all places, public or private schools, where a number of children or young persons sleep in the same dormitory, require some test of freshness to be constantly applied. If it be hazardous for two children to sleep together in an unventilated bed-room, it is more than doubly so to have four, and much more than trebly so to have six under the same circumstances. People rarely remember this; yet, if parents were as solicitous about the air of school bed-rooms as they are about the food the children are to eat, and the kind of education they are to receive, at school, depend upon it due attention would be bestowed on this vitally important matter, and they would cease to have their children sent home either ill, or because scarlet fever or some other "current contagion" had broken out in the school.* There are schools where attention is paid to these things, and where "children's epidemics" are unknown.

* NOTE.—Nineteen cases out of every twenty of Scarlatina, in one London parish, were traced to the state of the public schools. In order to prevent such "schools from being the hot-beds of epidemic disease," there should be more space for each child, "proper ventilation," &c., &c.

How much sickness, death, and misery are produced by the present state of many factories, warehouses, workshops, and work-rooms! The places where poor dressmakers, tailors, letter-press printers, and other similar trades have to work for their living, are generally in a worse condition than any other portion of our worst towns. Many of these places of work were never constructed for such an object. They are badly adapted garrets, sitting-rooms, or bed-rooms, generally of an inferior class of house. No attention is paid to cubic space or ventilation. The poor workers are crowded on the floor to a greater extent than occurs with any other kind of over-crowding. In many cases 100 cubic feet would be considered by employers an extravagant extent of space for a worker. The constant breathing of foul air, saturated with moisture, and the action of such air upon the skin, makes the inmates peculiarly liable to cold, which is a sign indeed of the danger of chest disease to which they are exposed. In such places and under such circumstances of constrained posture, want of exercise, hurried and insufficient meals, long exhausting labour, and foul air—is it wonderful that a great majority of them die early of chest diseases? Intemperance is a common evil of these workshops. The men can only complete their work under the influence of stimulants, which help to undermine their health and destroy their morals, while hurrying them to premature graves. Employers rarely consider these things. Healthy work-rooms are no part of the bond into which they enter with their work-people. They pay their money, which they reckon their part of the bargain. And for this wage the workman or work-woman has to give work, health, and life.

Do men and women who employ fashionable tailors and milliners ever think of these things?

And yet the master is no gainer. His goods are spoiled by foul air and gas fumes, his own health and that of his family suffers, and his work is not so well done as it would be were his people in health. It is now admitted to be cheaper for all manufacturing purposes to have pure soft water than hard water. And the time will come when it will be found cheaper to supply shops, warehouses, and work-rooms with pure air than with foul air.

But the work-people themselves are not always without blame. In badly constructed work-places, where ventilation is at all times difficult, and where the workers have in consequence become very sensitive to cold, instead of using their common sense,

they will frequently paste up every chink and crevice through which fresh air can reach them. This is especially the case with sedentary trades, such as tailors and dressmakers, and many perish from consumption in consequence. Indeed it has been said that "a decline" is the general disease of which they die. Have we not also heard of the Sheffield grinders refusing to make use of simple contrivances to protect their health, and dying early in consequence? Work-people should remember that health is their only capital, and they should come to an understanding among themselves to secure pure air in their places of work, which is one of the prime agents of health. This *would* be worth a "Trades' Union," almost worth a "strike."

The senses of nurses, mothers, workmen, and workwomen, become so dulled to foul air that they are perfectly unconscious of what an atmosphere they have let their children, patients, or charges sleep in, or in which they themselves work. It is a bad habit which requires to be got rid of by education and forethought.

Oh! the crowded national school! in it how many children's epidemics have their origin! Ought not parents to say, "I will not send my child to that school. I will not trust my son or my daughter in that tailor's or milliner's workshop." And the dormitories of our great boarding schools! Scarlet fever would be no more ascribed to contagion but to its right cause, if parents would but use their common sense.

We should hear no longer of "mysterious dispensations," nor of "plague and pestilence" being "in God's hands," when, so far as we know, He has put them into our own.

For the sick, *warming* is a necessary part of ventilation.

A careful nurse will keep a constant watch over her sick, especially weak cases, to guard against the loss of vital heat by the patient himself. In certain diseased states much less heat is produced than in health; and there is a constant tendency to the decline and death of the vital powers by the call made upon them to sustain the heat of the body. Cases where this occurs should be watched with the greatest care from hour to hour, I had almost said from minute to minute. The feet and legs should be examined by the hand from time to time, and whenever a tendency to chilling is discovered, hot bottles, hot bricks, or warm flannels, with some warm drink, should be made use of until warmth is restored. The fire should be, if necessary, replenished.

Patients are frequently lost in the latter stages of disease from want of attention to such simple precautions The nurse may be trusting to the patient's diet, or to his medicine, or to the occasional dose of stimulant which she is directed to give him, while the patient is all the while sinking from want of a little external warmth. Such cases happen at all times, even during the height of summer. This fatal chill is most apt to occur towards early morning, at the period of the lowest temperature of the twenty-four hours, and at the time when the effect of the preceding day's diets is exhausted.

Generally speaking, you may expect that weak patients will suffer cold much more in the morning than in the evening. The vital powers are much lower. If they are feverish at night, with burning hands and feet, they are almost sure to be chilly and shivering in the morning. But nurses are very fond of heating the foot-warmer at night, and of neglecting it in the morning, when they are busy. I should reverse the matter.

What can nurses be thinking of who put a bottle of boiling water to the patient's feet, hoping that it will keep warm all the twenty-four hours? Of course, every time he touches it, it wakes him. It sends the blood to the head. It makes his feet tender. And then the nurse leaves it in the bed after it has become quite cold. A hot bottle should never be hotter than it can be comfortably touched with the naked hand. It should not be expected to keep warm longer than eight hours. Tin foot-warmers are too hot and too cold. Stone bottles are the best, or India-rubber; but careless nurses make sad havoc with the latter, by putting in water too hot, or by letting the screw get out of order, and the patient be deluged in his bed.

All these things require common sense and care. Yet perhaps in no one single thing is so little common sense shown, in all ranks, as in nursing.

The art of nursing, as now practised, seems to be expressly constituted to unmake what God had made disease to be, viz., a restorative process.

The extraordinary confusion between cold and ventilation, in the minds of even well-educated people, illustrates this. To make a room cold is by no means necessarily to ventilate it. Nor is it at all necessary, in order to ventilate a room, to chill it. Yet, if a nurse finds a room close, she will let out the fire, thereby making it closer, or she will open the door into a cold room, without a

fire, or an open window in it, by way of improving the ventilation. The safest atmosphere of all for a patient is a good fire and an open window, excepting in extremes of temperature. (Yet no nurse can ever be made to understand this.) To ventilate a small room without draughts of course requires more care than to ventilate a large one.

But it is often observed that nurses who make the greatest outcry against open windows are those who take the least pains to prevent dangerous draughts. The door of the patient's room *must* sometimes stand open to allow of persons passing in and out, or heavy things being carried in and out. The careful nurse will keep the door shut while she shuts the windows, and then, and not before, set the door open, so that a patient may not be left sitting up in bed, perhaps in a profuse perspiration, directly in the draught between the open door and window. Neither, of course, should a patient, while being washed or in any way exposed, remain in the draught of an open window or door.

It is truly provoking to see stupid women bring into disrepute the life-spring of the patient, viz., fresh air, by their stupidity. Chest and throat attacks may undoubtedly be brought on by the nurse letting her sick run about without slippers, flannel or dressing-gowns, in a room where she has left the wintry wind blowing in upon them, without taking any precaution if they should leave their beds. Certain beds are sometimes pointed out, in a kind of helpless way, as being predestined to bronchitis, because of the "draught from the door." Why should there be a draught from the door? If there be, why should the draught fall on a patient? Is there no such thing as a screen to be had; or if the bed space be in a draught which cannot be prevented, why not remove the bed? But a careless woman will come into the sick room and leave the door open till she goes out again, for no reason that anybody can discover but her own blindness. And she will leave the window open over her patient who is washing or sitting up in a night-dress, and then say, "He has taken cold from the open window." He has taken cold from your own thoughtlessness. Neither leaving doors open nor drawing down windows over your patients when the surface is exposed is ventilation. It is simply carelessness.

Another extraordinary fallacy is the dread of night air. What air can we breathe at night but night air? The choice is between pure night air from without, and foul night air from within. Most

people prefer the latter. An unaccountable choice. What will they say, if it is proved to be true that fully one-half of all the disease we suffer from is occasioned by people sleeping with their windows shut! A window open at the top most nights in the year can never hurt any one. In great towns night air is often the best and purest air to be had in the twenty-four hours. I could better understand shutting the windows during the day in towns than during the night, for the sake of the sick. The absence of smoke, the quiet, all tend to making night the best time for airing patients. The air in London is never so good as after ten o'clock at night.

The only time when it can be unsafe to open the window at night is when the air is more foul without than within. This may be the case in close back courts, with open privies and middensteads in them (nuisances which ought not to be permitted to exist in towns), or at hours when there is a sudden fall of temperature.

Always air your room, then, from the outside air, if possible. Windows are made to open; doors are made to shut—a truth which seems extremely difficult of apprehension. I have seen a careful nurse airing her patient's room through the door near to which were two gaslights (each of which consumes as much air as eleven men), a kitchen, a close passage, the atmosphere in which consisted of gas, paint, foul air, never changed, full of effluvia, including a current of sewer air from an ill-placed sink, ascending in a continual stream by a well-staircase, and discharging themselves constantly into the patient's room. The window of the said room, if opened, was all that was desirable to air it. Every room must be aired from without—every passage from without—but the fewer passages there are, the better.

If we are to preserve the air within as pure as the air without, it is needless to say that the chimney must not smoke. Almost all smoky chimneys can be cured—from the bottom, not from the top. Often it is only necessary to have an inlet for air to supply the fire, which is feeding itself, for want of this, from its own chimney. On the other hand, almost all chimneys can be made to smoke by a careless nurse, who lets the fire get low, and then overwhelms it with coal; not, as we verily believe, in order to spare herself trouble (for very rare is unkindness to the sick), but from not thinking what she is about.

In laying down the principle that the first object of the nurse must be to keep the air breathed by her patient as pure as the

air without, it must not be forgotten that everything in the room which can give off effluvia, besides the patient, evaporates itself into his air. And it follows, that there ought to be nothing in the room, excepting him, which *can* give off effluvia* or moisture. Out of all damp towels, &c., which become dry in the room, the damp, of course, goes into the patient's air. Yet this "of course" seems as little thought of as if it were an obsolete fiction. How very seldom you see a nurse who acknowledges by her practice that nothing at all ought to be aired in the patient's room, that nothing at at all ought to be cooked at the patient's fire! Indeed, the arrangements often make this rule impossible to observe.

If the nurse be a very careful one, she will, when the patient leaves his bed, but not his room, open the sheets wide, and throw the bedclothes back, in order to air his bed. And she will spread the wet towels or flannels carefully out upon a horse, in order to dry them. Now either these bedclothes and towels are not dried and aired, or they dry and air themselves into the patient's air. And whether the damp and effluvia do him most harm in his air or in his bed, I leave to you to determine, for I cannot.

Even in health people cannot repeatedly breathe air in which they live with impunity, on account of its becoming charged with unwholesome matter from the lungs and skin. In disease, where everything given off from the body is highly noxious and dangerous, not only must there be plenty of ventilation to carry off the effluvia, but everything which the patient passes must be instantly removed away, as being more noxious than even the emanations from himself.

Of the fatal effects of the effluvia from the excretions it would seem unnecessary to speak, were they not so constantly neglected. Concealing the utensil behind the vallance to the bed seems all the precaution which is thought necessary for safety in private nursing. Did you but think for one moment of the atmosphere under that bed, the saturation of the under side of the mattress with the warm evaporations, you would be startled and frightened too!

The use of any chamber utensil *without a lid* should be utterly

* NOTE.—"Effluvia" is a very fine word, and might be replaced by the word "smell." But smells only shew where effluvia are, and are not the effluvia themselves; and it is most dangerous to remove smells without removing the offensive thing itself, for God put the smell there to shew us the danger.

abolished, whether among sick or well. You can easily convince yourself of the necessity of this absolute rule, by taking one with a lid and examining the under side of that lid. It will be found always covered, whenever the utensil is not empty, by condensed offensive moisture. Where does that go when there is no lid?

But never, never should the possession of this indispensable lid confirm you in the abominable practice of letting the chamber utensil remain in a patient's room unemptied, except once in the twenty-four hours, *i. e.*, when the bed is made. Yes, impossible as it may appear, I have known the best and most attentive nurses guilty of this; aye, and have known, too, a patient afflicted with severe diarrhœa for ten days, and the nurse, a very good one, not know of it, because the chamber utensil (one with a lid) was emptied only once in the twenty-four hours. As well might you have a sewer under the room, or think that in a water-closet the plug need be pulled up but once a day. Also take care that your *lid*, as well as your utensil, be always thoroughly rinsed.

If a nurse declines to do these kinds of things for her patient, "because it is not her business," I should say that nursing was not her calling. I have seen surgical "sisters," women whose hands were worth to them two or three guineas a-week, down upon their knees scouring a room or hut, because they thought it otherwise not fit for their patients to go into. I am far from wishing nurses to scour. It is a waste of power. But I do say that these women had the true nurse-calling—the good of their sick first, and second only, the consideration what it was their "place" to do—and that women who wait for anybody else to do what their patients want, when their patients are suffering, have not the *making* of a nurse in them.

Earthenware, or if there is any wood, highly polished and varnished wood, are the only materials fit for patients' utensils. The very lid of the old abominable close-stool is enough to breed a pestilence. It becomes saturated with offensive matter, which scouring is only wanted to bring out. I prefer an earthenware lid as being always cleaner. But there are various good new-fashioned arrangements.

A slop-pail should never be brought into a sick room. It should be a rule invariable, rather more important in the private house than elsewhere, that the utensil should be carried directly

to the water-closet, emptied there, rinsed there, and brought back. There should always be water and a cock in every water-closet for rinsing. But even if there is not, you must carry water there to rinse with. I have actually seen, in the sick room, the utensils emptied into the foot-pan, and put back, unrinsed, under the bed. I can hardly say which is most abominable, whether to do this or to rinse the utensil in the sick room. In the best hospitals it is now a rule that no slop-pail shall ever be brought into the wards, but that the utensils shall be carried direct to be emptied and rinsed at the proper place. I would it were so in every house!

Let no one ever depend upon fumigations, "disinfectants," and the like, for purifying the air. The offensive thing, not its smell, must be removed. I wish all disinfecting fluids invented made such an "abominable smell" that they forced you to open the windows, and to admit fresh air. That would be a useful invention.

II.—HEALTH OF HOUSES.

THERE are five essential points in securing the health of houses:—

1. Pure air.
2. Pure water.
3. Efficient drainage.
4. Cleanliness.
5. Light.

Without these no house can be healthy. And it will be unhealthy just in proportion as they are not.

1. To have pure air, your house must be so built as that the outer air shall find its way with ease to every corner of it. House-builders hardly ever consider this. The object in building a house is to obtain the largest interest for the money, not to save doctor's bills to the tenants. But, if tenants should ever become so wise as to refuse to occupy unhealthily built houses, builders would speedily be brought to their senses. As it is, they build what pays best. And there are always people foolish enough to take the houses they build. And if in the course of time the families die off, as is so often the case, nobody ever thinks of blaming any but Providence for the result. Ill-informed people help to keep up the delusion, by laying the blame on "current contagions." Bad houses do for the healthy what bad hospitals do for the sick. Once insure that the air in a house is stagnant, and sickness is certain to follow.

No one thinks how much disease might be prevented even in the country, by simply attending to providing the cottages with fresh air.

I know whole districts in the south of England where, even when the windows are sashed, the sashes are never made to open at the top.

I know whole districts in the north of England where, even in quite new cottages, the bedroom windows are not made to open at all, excepting a single pane, generally placed low down in the window. Now, if this open pane were in the upper row of the upper sash, it would be all very well. Very tolerable ventilation is procured by this means. But if it is in the lower row, it is all very bad. It does nothing but produce a draught setting inwards, actually driving the foul air upon the inmates, and not letting it out at all.

Only satisfy yourself of all these things by experiment for yourself.

What happens in a cottage? The rooms are always small and generally crowded. One or two rooms have to serve for all household purposes. And the air in them, especially at night, is stagnant and foul. Almost always there are closets or corners without either light or air, which make the whole house musty. And the house has itself hardly ever sufficient light.

Now, it is quite impossible to lay down a general rule without knowing the particular case.

It is for the father of the family to decide.

Sometimes an additional pane of glass, made to open and shut, and put into the wall where it is wanted, will make a cottage sweet which always was musty.

Sometimes a sky-light, made to open, will make an attic wholesome which never was habitable before.

Every careful woman will spread out the bedding daily to the light and air.

No window is safe, as has often here been said, which does not open at top, or where at least a pane in the upper row of the upper sash does not open.

In small crowded rooms, I again repeat, the foul air is all above the chimney-breast, and is therefore quite ready to be breathed by the people sitting in the room or in bed. This air requires to be let off; and the simplest way of doing it is one of these, viz.:—

1. An Arnott's ventilator in the chimney close to the ceiling.
2. An air-brick in the wall at the ceiling.
3. A pane of perforated glass in a passage or stair-window.

The large old fire-place, under which three or four people can sit—still to be seen in cottages of the south of England and in old manor-houses—is an immense benefit to the air of the room. Pity it has disappeared in all new buildings!

But never stop up your chimney. Of whatever size it is, it is a good ventilator.

And during almost every night of the year, pull your window an inch down *at the top*. Remember, AT THE TOP.

To clergymen, district-visitors, and landlords may be said, Help the people to carry out these improvements. They are often more willing to do so than you are to help. You will thus do infinitely more good than by supporting hospitals and dispensaries for them when they are ill of foul air. Why not prevent the illness which comes of foul air?

The main objection of working-people to fresh air is the cold. Warm the air introduced into cottage-rooms by passing it through some fire-clay contrivance behind the grate and heated by the fire, —the air to be admitted to the heating cavity direct from the outside, and entering the room above the chimney-piece. You can economise half the fuel by some of the new cottage-grates.

2. Pure water is more general in houses than it used to be; thanks to the exertions of a few. Within the last few years, a large part of London was in the daily habit of using water polluted by the drainage of its sewers and water-closets. This has happily been remedied. But, in many parts of the country, well-water of a very impure kind is used for domestic purposes. And when epidemic disease shows itself, persons using such water are almost sure to suffer. Never use water that is not perfectly colourless and without taste or smell. And never keep water in an open tub or pail in a sitting-room or bed-room. Water absorbs foul air, and becomes foul and unwholesome in consequence, and it damps the air in the room, making it also unwholesome.

The following way of purifying village wells is a good one. When well-water is impure, this generally arises from foul water filtering in through the dirty ground near the well's mouth. To cure this, the earth should be dug away all round the well's mouth to a distance of six feet from the brickwork, and to a depth of six or seven feet below the surface. The cavity is then to be

filled up with clean sand and rammed hard down. This stops the entrance of foul water into the well.

3. It would be curious to ascertain by inspection, how many houses said to be drained are really well-drained. Many people would say, surely all or most of them. But many people have no idea in what good drainage consists. They think that a sewer in the street, and a pipe leading to it from the house is good drainage. All the while the sewer may be nothing but a place from which sickness and ill health are being poured into the house. No house with any untrapped, unventilated drain-pipe communicating immediately with an unventilated sewer, whether it be from water-closet, sink, or gully-grate, can ever be healthy. An untrapped sink may at any time spread fevers and other diseases among the inmates of a palace.

Country cottages suffer from bad drainage quite as much as, if not more than, town houses. The best that can be said about their floors is that they are on the level of the ground, instead of being a foot *or more* above it, as they ought to be, with the air playing freely below the boards. Most frequently, however, the floors are not boarded, but are merely made of earth or of porous brick, which absorbs a large quantity of moisture, and keeps damp cold air always about the feet. Perhaps most frequently of all, the floor has been worn away several inches below the level of the ground, and of course after every wet day the floor is wet and sloppy. One would think this bad enough, but it is not the worst. Sometimes a dung-hill, or a pig-sty is kept so close to the door that the foul water from it, after rain, may be seen flowing over the house floor.

It frequently happens when cottages are built on hill-sides that the cottage wall is built against the damp earth, instead of being separated from it, and the water from the hill keeps both walls and floors constantly damp. There are whole villages in which one or more, or even all of these defects exist, and the natural result is fever, scarlet fever, measles, rheumatism, &c.

People are astonished that they are not healthy in the country, as if living in the country would save them from attending to any of the laws of health more than living in a town.

Now then, here is a whole field for activity—for saving human life and health. Is there nobody in the parish who would take such matters up, and go from house to house to examine into them? A little common sense, a little labour, which in nine cases out of

ten could be found by the people themselves, a few shillings of expense at the outside, and no costly machinery of any kind, would put the whole thing to rights, and save health, life, and poor-rates.

Did you ever observe on looking over an extensive landscape after sunset that there were certain groups of houses over which the first fog settled sooner than over others? The fog is nature's way of showing that the houses and their neighbourhood are saturated with moisture from the neglects above specified. These fogs also point out where the fever or cholera will come.

To remedy this state of things, the ground requires to be drained or trenched, the earth cut away, the floors raised above the level of the ground, and dung-hills and pig-sties removed as far as possible from the houses. These things can always be placed in such a way as that the natural drainage removes all that is offensive about them, at least away from the house.

Another not uncommon cause of sickness among village people is a puddle of foul water or an offensive ditch. The former can always be filled up with earth, or drained away by a little spade labour. As regards the latter, there is nothing in which more good could be done than by laying a drain-pipe in the bottom of the ditch and filling the earth in over it to a sufficient distance on either side the houses.

People often put up with nuisances from dunghills and pig-sties, on account of the value of the matter itself. Value there is certainly. But the question is whether the nuisance is necessary; and whether, in preventing nuisance, money would not be saved?

"All foul smell indicates disease, and loss of money," says Mr. Chadwick. Never live in a house which smells. Either don't take it, or examine where the smell comes from, and put a stop to it; but never think of living in it until there is no smell. A house which smells is a hot-bed of disease.

But though such smells always indicate danger, says the same authority, it does not always follow that there is no danger when there is no smell. The danger is often greater, when the smell which gives warning is gone. Therefore remove the thing itself and not only the smell.

One of the most common causes of disease in towns is having privies and cesspools, ashpits or *middensteads* close to the houses. There are great and rich cities and towns which justly pride themselves on their drainage, their water-supply, their paving, and

surface cleansing, and yet have more death in their dwellings than many towns where no such works have been carried out. In all these cases, the domestic filth of the population is allowed to accumulate among the houses, in close courts, polluting the soil underneath and the air within the houses to such a degree, that, in spite of the draining, water-supply, and paving, excellent as these may be, the people suffer from exactly double the sickness and death which ought to fall to their lot. There is no way of putting a stop to this terrible loss of life, except by putting an end to these privies and cesspits, and bringing in drainage and water-closets, as has been done in many of the very worst districts of London, and throughout the whole of the dwelling-houses of improved towns.

An attempt is often made to shield these neglects under the plea that "so much has been done already." But the ready reply is, "these things ought you to have done, and not to have left the others undone."

As regards country cottages, if a safe outlet for the sewage can be obtained, cottages can be very cheaply drained. The pipes required will cost about a shilling per lineal yard, and a soil-pan can be put up for ten shillings additional more or less.

The worst class of nuisances are certainly those I have referred to in which the local authorities, who ought to be the uncompromising protectors of the health of the poor, attempt to palliate their own deficiencies. But there is another class in which people injure each other by committing nuisance [or keeping their premises in a filthy condition. In the present state of the law this can be avoided by bringing reasonable complaint before the authorities who will see the law enforced. It often happens, however, that the poor are too ill-informed or too apathetic to take any such step, and it is at this point that they can often be most efficiently assisted by the clergyman or district visitor, in whom a knowledge of the law, as it bears on the health of the parishioners, would often be the means of saving sickness as well as "parish rates." Unhealthy houses, those whose inmates suffer most from sickness and mortality, are well known to parish doctors, officers of health, and to other medical practitioners. The simple question, "Show us the houses which yield the largest amount of fever or other epidemic disease?" addressed to any of these officers will enable the finger to be laid at once on the plague spots of the parish, and show where the poor require help, or advice, or both,

in having their houses drained, cleansed, lime-washed, or ventilated.

Among the more common causes of ill-health in cottages is overcrowding. There is perhaps only a single room for a whole family, and not more than 150 or 200 cubic feet for each inmate. Nothing can make such a room healthy. Ventilation would improve it, but still it would be unhealthy. The only way to meet this overcrowded state of cottages is by adding rooms, or by building more cottages on a better model.

The ordinary oblong sink is an abomination. That great surface of stone, which is always left wet, is always exhaling into the air. I have known whole houses and hospitals smell of the sink. I have met just as strong a stream of sewer air coming up the back staircase of a grand London house from the sink, as I have ever met at Scutari; and I have seen the rooms in that house all ventilated by the open doors, and the passages all *un*ventilated by the closed windows, in order that as much of the sewer air as possible might be conducted into and retained in the bed-rooms. It is wonderful!

Another great evil in house construction is carrying drains underneath the house. Such drains are never safe. All house drains should begin and end outside the walls. Many people will readily say, how important are these things. But how few are there who trace disease in their households to such causes! Is it not a fact that, when scarlet fever, measles, or small-pox appear among the children, the very first thought which occurs is, "where" the children can have "caught" the disease? And the parents immediately run over in their minds all the families with whom they may have been. They never think of looking at home for the source of the mischief. If a neighbour's child is seized with small-pox, the first question which occurs is, whether it had been vaccinated. No one would undervalue vaccination; but it becomes of doubtful benefit when it leads people to look abroad for the source of evils which exist at home.

4. Without cleanliness, within and without your house, ventilation is comparatively useless. In certain foul districts poor people used to object to open their windows and doors because of the foul smells that came in. Rich people like to have their stables and dunghill near their houses. But does it ever occur to them that with many arrangements of this kind it would be safer to keep the windows shut than open? You cannot have

the air of the house pure with dung heaps under the windows. These are common everywhere. And yet people are surprised that their children, brought up in "country air," suffer from children's diseases. If they studied nature's laws in the matter of children's health, they would not be so surprised.

There are other ways of having filth inside a house besides having dirt in heaps. Old papered walls of years' standing, dirty carpets, dirty walls and ceilings, uncleaned furniture, pollute the air just as much as if there were a dung heap in the basement. People are so unaccustomed to consider how to make a home healthy, that they either never think of it at all, and take every disease as a matter of course, to be "resigned to" when it comes "as from the hand of Providence;" or if they ever entertain the idea of preserving the health of their household as a duty, they are very apt to commit all kinds of "negligences and ignorances" in performing it.

Even in the poorest houses, washing the walls and ceilings with quick-lime wash twice a year, would prevent more disease than you wot of.

5. A dark house is always an unhealthy house, always an ill-aired house, always a dirty house. Want of light stops growth, and promotes scrofula, rickets, &c., &c., among the children.

People lose their health in a dark house, and if they get ill they cannot get well again in it. More will be said about this farther on.

Three out of many "negligences and ignorances" in managing the health of houses generally, I will here mention as specimens —1. That the mistress of any building, large or small, does not think it necessary to visit every hole and corner of it every day. How can she expect others to be more careful to maintain her house in a healthy condition than she who is in charge of it?—2. That it is not considered essential to air, to sun, and to clean every room, whether inhabited or not; which is simply laying the ground ready for all kinds of diseases.—3. That the window is considered enough to air a room. Have you never observed that any room without a fire-place is always close? And, if you have a fire-place, would you cram it up not only with a chimney-board, but perhaps with a great wisp of brown paper, in the throat of the chimney—to prevent the soot from coming down, you say? If your chimney is foul, sweep it; but don't expect

that you can ever air a room with only one opening ; don't suppose that to shut up a room is the way to keep it clean. It is the best way to foul the room and all that is in it.

But again, to look to all these things yourself (and here I speak to school-mistresses, mothers of large families, and matrons), does not mean to do them yourself. "I always open the windows," the head in charge often says. If you do it, it is by so much the better, certainly, than if it were not done at all. But can you not insure that it is done when not done by yourself? Can you insure that it is not undone when your back is turned? This is what being "in charge" means. And a very important meaning it is, too. The former only implies that just what you can do with your own hands is done—the latter, that what ought to be done is always done.

And now, you think these things trifles, or at least exaggerated. But what you "think" or what I "think" matters little. Let us see what God thinks of them. God always justifies His ways. While we are "thinking," He has been teaching. I have known cases of sickness quite as severe in private houses as in any of the worst towns, and from the same cause, viz., foul air. Yet nobody learnt the lesson. Nobody learnt *anything* at all from it. They went on *thinking*—thinking that the sufferer had scratched his thumb, or that it was singular that everybody should have "whitlows," or that something was "much about this year ; there is always sickness in our house." This is a favourite mode of thought—leading *not* to inquire what is the uniform cause of these general "whitlows," but to stifle all inquiry. In what sense is "sickness" being "always there," a justification of its being "there" at all?

What was the cause of sickness being in that nice private house? It was, that the sewer air from an ill-placed sink was carefully conducted into all the rooms by sedulously opening all the doors, and closing all the passage windows. It was that the slops were emptied into the foot-pans ;—it was that the utensils were never properly rinsed ;—it was that the chamber crockery was rinsed with dirty water ;—it was that the beds were never properly shaken, aired, picked to pieces, or changed. It was that the carpets and curtains were always musty ;—it was that the furniture was always dusty ;—it was that the papered walls were saturated with dirt ;—it was that the floors were never cleaned ; —it was that the empty rooms were never sunned, or cleaned, or

aired ;—it was that the cupboards were always reservoirs of foul air ;—it was that the windows were always tight shut up at night ;—it was that no window was ever regularly opened, even in the day, or that the right window was not opened. A person gasping for air might open a window for himself. But the people were not taught to open the windows, to shut the doors ; or they opened the windows upon a dank well between high walls, not upon the airier court ; or they opened the room doors into the unaired passages, by way of airing the rooms. Now all this is not fancy, but fact. In that house there have been in one summer six cases of serious illness : all the *immediate* products of foul air. When, in temperate climates, a house is more unhealthy in summer than in winter, it is a certain sign of something wrong. Yet nobody learns the lesson. Yes, God always justifies His ways. He is teaching while you are not learning. This poor body loses his finger, that one loses his life. And all from the most easily preventible causes.

God lays down certain physical laws. Upon His carrying out such laws depends our responsibility (that much abused word) ; for how could we have any responsibility for actions, the results of which we could not foresee ?—which would be the case if the carrying out of his laws were *not* certain. Yet we seem to be continually expecting that he will work a miracle—*i.e.*, break His own laws expressly to relieve us of responsibility.

"With God's Blessing he will recover" is a common form of parlance. But "with God's blessing" also, it is, if he does *not* recover ; and "with God's blessing" that he fell ill ; and "with God's blessing" that he dies, if he does die. In other words, *all* these things happen by God's laws, which *are* His blessings ; that is, which are all to contribute to teach us the way to our best happiness. Cholera is just as much his "blessing" as the exemption from it. It is to teach us how to obey His laws. "With God's blessing he will recover," is a common form of speech with people who, all the while, are neglecting the means on which God has made health or recovery to depend.

I must say a word about servants' bed-rooms. From the way they are built, but oftener from the way they are kept, and from no intelligent inspection whatever being exercised over them, they are almost invariably dens of foul air, and the "servants' health" suffers in an "unaccountable" (?) way, even in the country. For I am by no means speaking only of London houses

where too often servants are put to live under the ground and over the roof. But in the country I have known three maids, who slept in the same room, ill of scarlet fever. "How catching it is!" was of course the remark. One look at the room, one smell of the room was quite enough. It was no longer "unaccountable." The room was not a small one; it was up stairs, and it had two large windows—but nearly every one of the neglects enumerated above was there.

Servants might do much to prevent illness in their miserably neglected bed-rooms by attending to cleanliness, by leaving the chimney open, and especially by opening the window an inch or two at the top through the night. The window ought, of course, to be wide open all day, when the weather will allow of it.

The houses of the grandmothers and great-grandmothers of this generation, at least the country houses, with front door and back door always standing open, winter and summer, and a thorough draught always blowing through—with all the scrubbing, and cleaning, and polishing, and scouring which used to go on,—the grandmothers, and still more the great-grandmothers, always out of doors, and never with a bonnet on except to go to church,—these things, when contrasted with our present "civilized" habits, entirely account for the fact so often seen of a great-grandmother, who was a tower of physical strength, descending into a grandmother, perhaps a little less strong, but still sound as a bell and healthy to the core, into a mother languid and confined to her house, and lastly, into a daughter sickly and confined to her bed. For, remember, even with a general decrease of mortality you may often find a race thus degenerating and still oftener a family. You may see poor little feeble washed-out rags, children of a noble stock, suffering morally and physically, throughout their useless, degenerate lives, and yet people who are going to marry and to bring more such into the world, will consult nothing but their own convenience as to where they are to live, or how they are to live.

That consumption is induced by the foul air of houses, *i.e.*, by air fouled by human bodies, more than by all other causes put together, is now certain. It is often said, even by doctors, as throwing doubt upon this fact, that "young ladies," who do not, it is supposed, live in a "vitiated atmosphere," yet die of consumption. But do these people know the up-stair habits of

this class?—I do, or did. And of all classes there are two, viz., "young ladies," and soldiers, who are the most exposed to the influences which produce consumption. Both sleep, and partly live, in foul air. A "young lady," advised to open her window and her curtains at night, has been known to say that "it would spoil her complexion." From this close, foul air both the "young lady," and the soldier go out at night in all weathers,—the one to "parties," the other to sentry duty; both enter into more foul air,—the one in crowded ball-rooms, the other in guard-rooms; both go home in damp night air after the skin and lungs have been oppressed by over-crowding and want of ventilation, and both suffer from chest diseases, especially from consumption.

Insufficient and unwholesome food is an auxiliary in some people to the work of consumption.

The object of spoiling her digestion is still further forwarded by many a woman by the practice of taking continual and powerful aperients; or, if the process of exhaustion is far advanced, by taking opium, gin, or some cordial. It is little known how far this practice prevails.

Could we devise a course more likely first to ruin the general health and sow the seeds, and then act as a forcing-house, of consumption?

Again, people often point to the frequency of consumption in some families to prove its "hereditary nature." Therefore it is "inevitable." It is, indeed, extremely likely that if one or two deaths occur from consumption in a family there will be many more; for the whole family has been so mismanaged, that it is very unlikely that it should not attack other members in succession, just as children's epidemics do. But because seventeen persons, who eat poisoned sugar-plums at Bradford, several out of the same family, all die, is it a reason for supposing their poisoning "hereditary," "contagious," or the result of a "family predisposition"?

Once more; it is indeed to be feared that weakness of digestion, or bad health, *is* becoming "hereditary" in many women, which also "predisposes" to consumption, and which, more than anything else, tends to the degeneracy of a family or race. Weakness of digestion depends upon habits; primarily and directly upon want of fresh air; secondarily and indirectly upon idleness or unhealthy work, or excitement, unwholesome food, abuse of stimulants and aperients, and other exhausting habits.

It has been often stated that intermarriage, marrying cousins is a fruitful source of family weakness and want of health; but is it considered that other habits descending from parents to offspring, such, for instance, as intemperance, breathing foul air, living in gloomy unhealthy localities and the like, also tend to want of health?

In healthy "registration" districts, the mortality is low, and the annual proportion of births is also low, but in unhealthy districts the mortality rises, while at the same time the proportion of births increases, showing that in such districts the circuit of life is shortened.

Now as to these children ushered into existence in the midst of such excessive mortality!

Has not every one had the opportunity of comparing the full healthy development of a child born in a healthy country district with the thin, ill-fed, undeveloped, or ill-developed frame of the child born in an unhealthy town? And is not the conclusion irresistible that the unhealthy town child belongs to a lower family type than the healthy country child? A process of physical deterioration has been going on notwithstanding the increase of births; and of these two classes of children about a third of the country children die before they reach the age of five years, while of the town children a half die before that period, and a large proportion of those who survive their fifth year are puny, sickly people, whose early deaths go to swell the local mortality.

These are momentous facts, if people would only ponder them, and act on the lessons they are teaching.

With regard to the health of houses where there is a sick person, it often happens that the sick room is made a ventilating shaft for the rest of the house; for while the house is kept as close, unaired, and dirty as usual, the window of the sick room is kept a little open always, and the door occasionally. Now, there are certain sacrifices which a house with one sick person in it does make to that sick person. Why can't it keep itself thoroughly clean and unusually well-aired, out of regard to the sick person?

We must not forget what, in ordinary language, is called "Infection;"—a thing of which people are generally so afraid that they frequently follow the very practice in regard to it which they ought to avoid. Nothing used to be considered so infectious or contagious as small-pox; and people, not very long ago, used to

cover up patients with heavy bed-clothes, while they kept up large fires, and shut the windows. Small-pox, of course, under this management, was very "infectious." People are somewhat wiser now in their management of this disease. They have ventured to cover the patients lightly and to keep the windows open; and we hear much less of the "infection" of small-pox than we used to do. But do people in our days act with more wisdom on the subject of "infection" in fevers—scarlet fever, measles, &c.—than their forefathers did with small-pox? Does not the popular idea of "infection" involve that people should take greater care of themselves than of the patient? That, for instance, it is safer not to be too much with the patient, not to attend too much to his wants?

True nursing knows nothing of infection, except to prevent it. Cleanliness and fresh air from open windows, with unremitting attention to the patient, are the only defence a true nurse either asks or needs.

Wise and humane management of the patient is the best safeguard against infection.

Is it not living in a continual mistake to look upon diseases, as we do now, as separate things, which must exist, like cats and dogs? instead of looking upon them as conditions, like a dirty and a clean condition, and just as much under our own control; or rather as the reactions of a kindly nature, against the conditions in which we have placed ourselves.

I was brought up, both by scientific men and ignorant women, distinctly to believe that small-pox, for instance, was a thing of which there was once a first specimen in the world, which went on propagating itself, in a perpetual chain of descent, just as much as that there was a first dog (or a first pair of dogs), and that small-pox would not begin itself any more than a new dog would begin without there having been a parent dog.

Since then I have seen with my eyes and smelt with my nose small-pox growing up in first specimens, either in close rooms or in overcrowded wards, where it could not by any possibility have been "caught," but must have begun.

Nay, more, I have seen diseases begin, grow up, and pass into one another. Now, dogs do not pass into cats.

I have seen, for instance, with a little overcrowding, continued fever grow up; and with a little more, typhoid fever; and with a little more, typhus; and all in the same ward or hut.

Would it not be far better, truer, and more practical if we looked upon disease in this light?

There are not a few popular opinions, in regard to which it is useful at times to ask a question or two. For example, it is commonly thought that children must have what are commonly called "children's epidemics," "current contagions," &c.; in other words, that they are born to have measles, whooping-cough, perhaps even scarlet fever, just as they are born to cut their teeth, if they live.

Now, do tell us, why must a child have measles?

Oh, because, you say, we cannot keep it from infection—other children have measles—and it must take them—and it is safer that it should.

But why must other children have measles? And if they have, why must yours have them too?

If you believed in, and observed the laws for preserving the health of houses which inculcate cleanliness, fresh air, whitewashing, and other means, and which, by the way, *are laws*, as implicitly as you believe in the popular opinion, for it is nothing more than an opinion, that your child must have children's epidemics, don't you think that, upon the whole, your child would be more likely to escape altogether?

III.—PETTY MANAGEMENT.

ALL the results of good nursing may be spoiled or utterly negatived by one defect, viz., in petty management, or, in other words, by not knowing how to manage, that what you do when you are there shall be done when you are not there. The most devoted friend or nurse cannot be always *there*. Nor is it desirable that she should. And she may give up her health, all her other duties, and yet, for want of a little management, be not one-half so efficient as another who is not one-half so devoted, but who has this art of multiplying herself—that is to say, the patient of the first will not really be so well cared for as the patient of the second.

It is as impossible in a book to teach a person in charge of sick how to *manage*, as it is to teach her how to nurse. Circumstances must vary with each different case. But it *is* possible to press upon her to think for herself:—Now, what does happen during my absence? I am obliged to be away on Tuesday. But

fresh air, or punctuality, is not less important to my patient on Tuesday than it was on Monday. Or: At 10 P.M. I am never with my patient; but quiet is of no less consequence to him at 10 than it was at 5 minutes to 10.

Curious as it may seem, this very obvious consideration occurs comparatively to few; or, if it does occur, it is only to cause the devoted friend or nurse to be absent fewer hours or fewer minutes from her patient—not to arrange so as that no minute and no hour shall be for her patient without the essentials of her nursing.

A very few instances will be sufficient, not as precepts, but as illustrations.

A stranger will burst in by mistake to the patient's sick-room, after he has fallen into his first doze, giving him a shock, the effects of which are irremediable, though he himself laughs at the cause, and probably never even mentions it. The nurse, who is, and is quite right to be, at her supper, has not provided that the stranger shall not lose his way and go into the wrong room.

The patient's room may always have the window open. But the passage outside the patient's room may never have one open. Because it is not understood that the charge of the sick-room extends to the charge of the passage. And thus, as often happens, the nurse makes it her business to turn the patient's room into a ventilating shaft for the foul air of the whole house.

An empty room, a newly painted room, an uncleaned closet or cupboard, may often become a reservoir of foul air for the whole house, because the person in charge never thinks of arranging that these places shall be always aired, always cleaned; she merely opens the window herself "when she goes in."

An excellent paper, the *Builder*, mentions the lingering of the smell of paint for a month about a house as a proof of want of ventilation. Certainly—and, where there are windows to open, and these are never opened to get rid of the smell of paint, it is a proof of want of management in using the means of ventilation. Of course the smell will then remain for months. Why should it go?

An agitating letter or message may be delivered, or an important letter or message *not* delivered; a visitor whom it was of consequence to see, may be refused, or one whom it was of still more consequence *not* to see, may be admitted—because the person in charge has never asked herself this question:—What is done when I am not there?

Why should you let your patient ever be surprised, except by thieves? I do not know. In England, people do not come down the chimney, or through the window, unless they are thieves. They come in by the door, and somebody must open the door to them.

At all events, one may safely say, a nurse cannot be with the patient, open the door, eat her meals, take a message, all at one and the same time. Nevertheless the person in charge never seems to look the impossibility in the face.

Add to this that the *attempting* this impossibility does more to increase the poor patient's hurry and nervousness than anything else.

It is never thought that the patient remembers these things if you do not. He has not only to think whether the visit or letter may arrive, but whether you will be in the way at the particular day and hour when it may arrive. So that your *partial* measures for "being in the way" yourself, only increase the necessity for his thought. Whereas, if you could but arrange that the thing should always be done whether you are there or not, he need never think at all about it.

For the above reasons, whatever a patient *can* do for himself, it is better, *i.e.*, less anxiety, for him to do for himself, unless the person in charge has the spirit of management.

Always tell a patient, and tell him beforehand, when you are going out, and when you will be back, whether it is for a day, an hour, or ten minutes. You fancy perhaps that it is better for him if he does not find out your going at all, better for him if you do not make yourself "of too much importance" to him; or else you cannot bear to give him the pain or the anxiety of the temporary separation.

No such thing. You *ought* to go, we will suppose. Health or duty requires it. Then say so to the patient openly. If you go without his knowing it, and he finds it out, he never will feel secure again that the things which depend upon you will be done when you are away; and in nine cases out of ten he will be right. If you go out without telling him when you will be back, he can take no measures nor precautions as to the things which concern you both, or which you do for him.

If you look into the reports of trials or accidents, and especially of suicides, or into the medical history of fatal cases, it is almost incredible how often the whole thing turns upon something

which has happened because "he," or still oftener "she," "was not there." But it is still more incredible how often, how almost always this is accepted as a sufficient reason, a justification; why, the very fact of the thing having happened is the proof of its not being a justification. The person in charge was quite right not to be "*there*," he was called away for quite sufficient reason, or he was away for a daily recurring and unavoidable cause: yet no provision was made to supply his absence. The fault was, not in his "being away" but, in there being no management to supplement his "being away." When the sun is under a total eclipse, or during his nightly absence, we light candles. But it would seem as if it did not occur to us that we must also supplement the person in charge of sick or of children, whether under an occasional eclipse, or during a regular absence.

In institutions where many lives would be lost, and the effect of such want of management would be terrible and patent, there is less of it than in the private house.*

But in both, the institution and the private house, let whoever is in charge keep this simple question in her head (*not*, how can I always do this right thing myself? but), how can I provide for this right thing to be always done?

Then, when anything wrong has actually happened in consequence of her absence, which absence we will suppose to have been quite right, let her question still be (*not*, how can I provide against any of such absences? which is neither possible nor desirable, but) how can I provide against anything wrong arising out of my absence?

Many people seem to think that the world stands still while they are away, or at dinner, or ill. If the sick have an accident during that time, is it their fault, not yours? I once heard an official justly told, "Patients, Sir, will not stop dying, while we are in church."

It is the invariable sign of a bad nurse and manager when her excuse that such a person was neglected, or such a thing was left undone, is that she was "out of the way." What does that signify? The thing that signifies is, that the neglect should not happen.

* NOTE.—The simple precaution of removing cords by which a patient can hang himself, razors by which he can cut his throat, out of his way, when inclined to do such things, is much neglected, especially in private nursing. Many inquests upon suicides shew this, and the friends are invariably absolved by the verdict!!

How few men, or even women, understand, either in great or in little things, what it is the being "in charge"—I mean, know how to carry out a "charge." From the most colossal calamities, down to the most trifling accidents, results are often traced (or rather *not* traced) to such want of some one "in charge" or of his knowing how to be "in charge." A short time ago the bursting of a funnel-casing on board the finest and strongest ship that ever was built, on her trial trip, destroyed several lives, and put several hundreds in jeopardy—not from any undetected flaw in her new and untried works—but from a tap being closed which ought not to have been closed—from what every child knows would make its mother's tea-kettle burst. And this simply because no one seemed to know what it is to be "in charge," or *who* was in charge. Nay more, the jury at the inquest actually altogether ignored the same, and apparently considered the tap "in charge," for they gave as a verdict "accidental death."

This is the meaning of the word, on a large scale. On a much smaller scale, it happened, a short time ago, that an insane person burnt herself slowly and intentionally to death, while in her doctor's charge, and almost in her nurse's presence. Yet neither was considered "at all to blame." The very fact of the accident happening proves its own case. There is nothing more to be said. Either they did not know their business, or they did not know how to perform it.

To be "in charge" is certainly not only to carry out the proper measures yourself but to see that every one else does so too; to see that no one either wilfully or ignorantly thwarts or prevents such measures. This is the meaning which must be attached to the word by (above all) those "in charge" of sick and of children, whether of numbers or of individuals; and indeed I think it is with the latter that it is least understood.

As the jury seems to have thought the tap was in charge of the ship's safety, so mistresses now seem to think the house is in charge of itself. They neither know how to give orders, nor how to teach children or servants to obey orders—*i.e.*, to obey intelligently, which is the real meaning of all discipline.

Elder children are often the most efficient assistants a mother or school-mistress can have in carrying out her "charge." At the best public schools this is so well understood that the highest boys often keep order better than the master himself, who taught them how. It is less well understood in families, where many a

burnt child would have been saved if the mother had understood how to put the elder boy or girl in charge when she was out washing. But I have seen in a careful family the elder child of even five years old exercising this charge over a little one of two, and much better than a grown-up woman sometimes.

Again, people who are in charge often seem to have a pride in feeling that they will be "missed," that no one can understand or carry on their arrangements, their system, books, accounts, &c., but themselves. It seems to me that the pride is rather in carrying on a system, in keeping stores, closets, books, accounts, &c., so that anybody can understand and carry them on—so that, in case of absence or illness, one can deliver everything up to others and know that all will go on as usual, and one shall never be missed.

IV.—NOISE.

UNNECESSARY noise, or noise that creates an expectation in the mind, is that which hurts a patient. It is rarely the loudness of the noise, the effect upon the organ of the ear itself, which appears to affect the sick. How well a patient will generally bear, *e.g.*, the putting up of a scaffolding close to the house, when he cannot bear the talking, still less the whispering, especially if it be of a familiar voice, outside his door.

There are certain patients, no doubt, especially where there is slight concussion or other disturbance of the brain, who are affected by mere noise. But intermittent noise, or sudden and sharp noise, in these as in all other cases, affects far more than continuous noise—noise with jar far more than noise without. Of one thing you may be certain, that anything which wakes a patient suddenly out of his sleep will invariably put him into a state of greater excitement, do him more serious, aye, and lasting mischief, than any continuous noise, however loud.

Never to allow a patient to be waked, intentionally or accidentally, is a *sine qua non* of all good nursing. If he is roused out of his first sleep, he is almost certain to have no more sleep. It is a curious but quite intelligible fact that, if a patient is waked after a few hours' instead of a few minutes' sleep, he is much more likely to sleep again. Because pain, like irritability of brain, perpetuates and intensifies itself. If you have gained a respite of either in sleep, you have gained more than the mere respite.

Both the probability of recurrence and of the same intensity will be diminished, whereas both will be terribly increased by want of sleep. This is the reason why sleep is so all-important. This is the reason why a patient, waked in the early part of his sleep, loses, not only his sleep, but his power to sleep. A healthy person who allows himself to sleep during the day will lose his sleep at night. But it is exactly the reverse with the sick generally; the more they sleep the better will they be able to sleep.

A good nurse can apply hot bottles to the feet, or give the nourishment ordered, hour by hour, without disturbing, but rather composing the patient. I have seen one of the (would-be) careful nurses neglect to warm the legs of a patient, invariably cold in the early morning, because "she did not like to disturb him." Such an excuse stamps a woman at once as incapable of her trust.

I have often been surprised at the thoughtlessness (resulting in cruelty, quite unintentional), of friend or of doctor who will hold a long conversation just in the room or passage adjoining to the room of the patient, who is either every moment expecting them to come in, or who has just seen them, and knows they are talking about him. If he is an amiable patient, he will try to occupy his attention elsewhere and not to listen—and this makes matters worse—for the strain upon his attention and the effort he makes are so great that it is well if he is not worse for hours after. If it is a whispered conversation in the same room, then it is absolutely cruel; for it is impossible that the patient's attention should not be involuntarily strained to hear. Walking on tip-toe, doing anything in the room very slowly, are injurious, for exactly the same reasons. A firm, light, quick step, a steady quick hand are what you want; not the slow, lingering, shuffling foot, the timid, uncertain touch. Slowness is not gentleness, though it is often mistaken for such; quickness, lightness, and gentleness are quite compatible. Again, if friends and doctors did but watch, as nurses can and should watch, the features sharpening, the eyes growing almost wild, of fever patients who are listening for the persons to come in, whose voices they hear at the door, these would never run the risk again of creating such expectation, or irritation of mind. Such unnecessary noise has undoubtedly induced or aggravated delirium in many cases. I have known such. In one case death ensued. It is but fair to say that this death was attributed to fright. It was the result of a

long whispered conversation, within sight of the patient, about an impending operation; but any one who has known the cheerful coolness, with which the certainty of an operation will be accepted by any patient, capable of bearing an operation at all, if it is properly communicated to him, will hesitate to believe that it was mere fear which produced, as was averred, the fatal result in this instance. It was rather the uncertainty, the strained expectation as to what was to be decided upon.

I need hardly say, that the other common course, namely, for a doctor or friend to leave the patient and communicate his opinion on the result of his visit to the friends just outside the patient's door, or inside the adjoining room, after the visit, but within hearing or knowledge of the patient is, if possible, worst of all.

Affectation, like whispering or walking on tip-toe, is peculiarly painful to the sick. An affectedly quiet voice, an affectedly sympathising voice, like an undertaker's at a funeral, sets all their nerves on edge. Advice, such as what I have been giving, does more harm than good, if it only makes people *affect* composure and quiet, when with the sick. Better almost make your natural noise.

It is, I think, alarming, peculiarly at this time, when there is so much talk about "woman's mission," to see that the dress of women is daily more and more unfitting them for any "mission," any usefulness at all. It is unfitted for all domestic purposes. A man is now a more handy and far less objectionable being in a sick room than a woman. Compelled by her dress, every woman now either shuffles or waddles—only a man can cross the floor of a sick room without shaking it! What is become of woman's light step?—the firm, light, quick step we have been asking for?

Unnecessary noise, then, is the most cruel absence of care which can be inflicted either on sick or well. For, in all these remarks, the sick are only mentioned as suffering in a greater proportion than the well from precisely the same causes.

Unnecessary (although slight) noise injures a sick person much more than necessary noise (of a much greater amount).

All likings and aversions of the sick towards different persons will be found to resolve themselves very much, if not entirely, into presence or absence of care in these things.

A nurse who rustles (I am speaking of nurses professional and unprofessional) is the horror of a patient, though perhaps he does not know why.

The fidget of silk and of crinoline, the crackling of starched petticoats, the rattling of keys, the creaking of stays and of shoes, will do a patient more harm than all the medicines in the world will do him good.

The "noiseless step" of woman means nothing at this day. Her skirts (and well if they do not throw down some piece of furniture) will at least brush against every article in the room as she moves.

Fortunate it is if her skirts do not catch fire—and if the nurse does not give herself up a sacrifice together with her patient, to be burnt in her own petticoats. In two years, 1863-4, no fewer than 630 females, of all ages, were burnt to death by their clothes catching fire. If the crinoline age begins after 10, and continues onwards, then 277 lives are known to have been sacrificed by fire during two years only to this absurd and hideous custom. But the Registrar-General tells us that a far greater number of deaths by fire take place among women, where the manner is not stated. Thus, in 1864 alone, the deaths by fire, without the deaths by scalding, among girls and women above the age of 10, were no less than 395. And if to these we add those who are not killed outright, but crippled for life, the account to be laid at the door of women's clothes is cruel indeed! But if people will be stupid, let them take measures to protect themselves from their own stupidity—measures which every chemist knows, such as putting alum into starch, which prevents starched articles of dress from blazing up.

I wish, too, that people who wear crinoline could see the indecency of their own dress as other people see it. A respectable elderly woman stooping forward, in crinoline, exposes quite as much of her own person to the patient lying in the room as any dancer does on the stage. But no one will ever tell her this unpleasant truth.

Again, one nurse cannot open the door without making everything rattle. Or she opens the door unnecessarily often, for want of remembering all the articles that might be brought in at once.

I have seen an expression of real terror pass across a patient's face, whenever a nurse came into the room who stumbled over the fire-irons, &c.

I have seen patients, scarcely able to crawl, get out of bed before such a nurse came in and put out of her way everything

she could throw down,—shut the window, sure that she would leave the door open—hide everything they were likely to want, (not because they had no right to have it, but because she would inadvertently put it out of their reach).

A good nurse will always make sure that no door or window in her patient's room shall rattle or creak; that no blind or curtain shall, by any change of wind through the open window, be made to flap—especially will she be careful of all this before she leaves her patients for the night. If you wait till your patients tell you, or remind you of these things, where is the use of their having a nurse? There are more shy than exacting patients in all classes; and many a patient passes a bad night, time after time, rather than remind his nurse every night of all the things she has forgotten.

If there are blinds to your windows, always take care to have them well up, when they are not being used. A little piece slipping down, and flapping with every draught, will distract a patient.

All hurry or bustle is peculiarly painful to the sick. And when a patient has compulsory occupations to engage him, instead of having simply to amuse himself, it becomes doubly injurious. The friend who remains standing and fidgeting about while a patient is talking business to him, or the friend who sits and proses, the one from an idea of not letting the patient talk, the other from an idea of amusing him,—each is equally inconsiderate. Always sit down when a sick person is talking business to you, show no signs of hurry, give complete attention and full consideration if your advice is wanted, and go away the moment the subject is ended.

Always sit within the patient's view, so that when you speak to him he has not painfully to turn his head round in order to look at you. Everybody involuntarily looks at the person speaking. If you make this act a wearisome one on the part of the patient you are doing him harm. So also if by continuing to stand you make him continuously raise his eyes to see you. Be as motionless as possible, and never gesticulate in speaking to the sick.

Never make a patient repeat a message or request, especially if it be some time after. Occupied patients are often accused of doing too much of their own business. They are instinctively right. How often you hear the person, charged with the request

of giving the message or writing the letter, say half an hour afterwards to the patient, "Did you appoint 12 o'clock?" or, "What did you say was the address?" or ask perhaps some much more agitating question—thus causing the patient the effort of memory, or worse still, of decision, all over again. It is really less exertion to him to do these things for himself. This is the almost universal experience of occupied invalids.

This brings us to another caution. Never speak to an invalid from behind, nor from the door, nor from any distance from him, nor when he is doing anything.

If we consider these things, which are facts, not fancies, we shall remember that we are doing positive injury by interrupting, by "startling a fanciful" person, as it is called. Alas! it is no fancy.

If the invalid is forced, by his avocations, to continue occupations requiring much thinking, the injury is doubly great. In feeding a patient suffering under delirium or stupor you may suffocate him, by giving him his food suddenly; but if you rub his lips gently with a spoon, and thus attract his attention, he will swallow the food unconsciously, but with perfect safety. Thus it is with the brain. If you offer it a thought, especially one requiring a decision, abruptly, you do it a real not fanciful injury. Never speak to a sick person suddenly; but, at the same time, do not keep his expectation on the tip-toe.

This rule, indeed, applies to the well quite as much as to the sick. I have never known persons who exposed themselves for years to constant interruption who did not muddle away their intellects by it at last. The process with them may be accomplished without pain. With the sick, pain gives warning of the injury.

Do not meet or overtake a patient who is moving about in order to speak to him, or to give him any message or letter. You might just as well give him a box on the ear. I have seen a patient fall flat on the ground who was standing when his nurse came into the room. This was an accident which might have happened to the most careful nurse. But the other is done with intention. A patient in such a state is not going to the East Indies. If you would wait ten seconds, or walk ten yards further, any journey he could make would be over. You do not know the effort it is to a patient to remain standing for even a quarter of a minute to listen to you. If I had not seen the

thing done by the kindest nurses and friends, I should have thought this caution quite superfluous.

It is absolutely essential then that a nurse should lay this down as a positive rule to herself, never to speak to any patient who is standing or moving, as long as she exercises so little observation as not to know when a patient cannot bear it. Many of the accidents which happen from feeble patients tumbling down stairs, fainting after getting up, &c., happen solely from the nurse popping out of a door to speak to a patient just at that moment; or from his fearing that she will do so. And if the patient were even left to himself, till he can sit down, such accidents would much seldomer occur. If the nurse accompanies the patient let her not call upon him to speak. It is incredible that nurses cannot picture to themselves the strain upon the heart, the lungs, and the brain, which the act of moving is to any feeble patient.

Patients are often accused of being able to "do much more when nobody is by." It is quite true that they can. Unless nurses can be brought to attend to considerations of the kind of which we have given here but a few specimens, a very weak patient finds it really much less exertion to do things for himself than to ask for them. And he will, in order to do them (very innocently and from instinct), calculate the time his nurse is likely to be absent, from a fear of her "coming in upon" him or speaking to him, just at the moment when he finds it quite as much as he can do to crawl from his bed to his chair, or from one room to another, or down stairs, or out of doors for a few minutes. Some extra call made upon his attention at that moment will quite upset him. In these cases you may be sure that a patient in the state we have described does not make such exertions more than once or twice a day, and probably much about the same hour every day. And it is hard, indeed, if nurse and friends cannot calculate so as to let him make them undisturbed. Remember, that many patients can walk who cannot stand or even sit up. Standing is, of all positions, the most trying to a weak patient.

Everything you do in a patient's room, after he is "put up" for the night, increases tenfold the risk of his having a bad night. But, if you rouse him up after he has fallen asleep, you do not risk, you secure him a bad night.

One hint I would give to all who attend or visit the sick, to all who have to pronounce an opinion upon sickness or its progress.

Come back and look at your patient *after* he has had an hour's lively conversation with you. It is the best test of his real state we know. But never pronounce upon him from merely seeing what he does, or how he looks, during such a conversation. Learn also carefully and exactly, if you can, how he passed the night after it.

People rarely, if ever, faint while making an exertion. It is after it is over. Indeed, almost every effect of over-exertion appears after, not during such exertion. It is the highest folly to judge of the sick, as is so often done, when you see them merely during a period of excitement. People have sometimes died of that which, it has been proclaimed at the time, has "done them no harm."

As an old experienced nurse, I do most earnestly remonstrate against all such careless words. I have known patients delirious all night, after seeing a visitor who called them "better," thought they "only wanted a little amusement," and who came again, saying, "I hope you were not the worse for my visit," neither waiting for an answer, nor even looking at the case. No real patient will ever say, "Yes, but I was a great deal the worse."

It is not, however, either death or delirium of which there is ever most danger to the patient. Unperceived consequences are far more likely to ensue. *You* will not suffer by knowing what you have done—the poor patient will, although *he* may not know either. It will not be directly traceable to its real cause, except by a very careful observant nurse. The patient will often not even mention what has done him most harm.

What most frequently happens is this: that a patient never sits up again after some shock; that a patient is never able to read or write again after some unusual exertion forced upon him; that a patient is never able to go out again after some unreasonable call upon him; that he is obliged to give up his work or his only amusement for ever; and because he does not fall down suddenly and die on the spot, as if he were shot, these unreasonable people, who have "taken it out" of him, think he has "had no harm." They had better have "taken" his life "out of" him. Above all, I would say this of all evening conversations and visits to the invalid.

Remember never to lean against, sit upon, or unnecessarily shake, or even touch the bed in which a patient lies. This is invariably a painful annoyance. If you shake the chair on which

he sits, he has a point by which to steady himself, in his feet. But on a bed or sofa, he is entirely at your mercy, and he feels every jar you give him all through him.

In all that we have said, both here and elsewhere, let it be distinctly understood that we are not speaking of would-be invalids. To distinguish between real and fancied disease is an important thing for a nurse to be able to do. To manage fancy patients is an important part of her duties. But the nursing which real and that which fancied patients require is of different, or rather of opposite, character. And the latter will not be spoken of here. Indeed, many of the symptoms which are here mentioned are those which distinguish real from fancied disease.

It is true that would-be invalids very often do that behind a nurse's back which they would not do before her face. Many such I have had as patients who scarcely ate anything at their regular meals, but if you concealed food for them in a drawer, they would take it at night or in secret. But this is quite from a different motive. They do it from the wish to conceal. Whereas the real patient will often boast to his nurse or doctor, if these do not shake their heads at him, of how much he has done, or eaten, or walked. To return to real disease.

Conciseness and decision are above all things necessary with the sick. Let what you say to them be concisely and decidedly expressed. What doubt and hesitation there may be in your own mind must never be communicated to theirs, not even (I would rather say especially not) in little things. Let your doubt be to yourself, your decision to them. People who think outside their heads, who tell everything that led them towards this conclusion and away from that, ought never to be with the sick.

I have been told by women who had difficult confinements, that their strength depended upon the firmness of doctor and nurse. If either had betrayed that there was anything unusual or doubtful in the case, they felt it would have been "all over" with them.

I have observed the same thing in acute cases, when the scale was trembling between life and death. If the doctor betrayed any want of decision, if the nurse lost any portion of her calmness or self-possession, it just turned the scale in favour of death.

Irresolution is what all patients most dread. Rather than meet this in others, they will collect all their data, and make up their minds for themselves. A change of mind in others, whether

it is regarding an operation, or re-writing a letter, always injures the patient more than the being called upon to make up his mind to the most dreaded or difficult decision. Farther than this, in very many cases, the imagination in disease is far more active and lively than it is in health. If you proposed to the patient change of air to one place one hour, and to another the next, he has, in each case, immediately constituted himself in imagination the tenant of the place, gone over the whole premises in idea, and you have tired him as much by displacing his imagination, as if you had actually carried him over both places.

Above all, leave the sick room quickly and come into it quickly, not suddenly, not with a rush. But don't let the patient be wearily waiting for when you will be out of the room or when you will be in it. Conciseness and decision in your movements, as well as your words, are necessary in the sick room, as necessary as absence of hurry and bustle. To possess yourself entirely will ensure you from either failing—either loitering or hurrying.

If a patient has to see not only to his own, but also to his nurse's punctuality, or perseverance, or readiness, or calmness, to any or all of these things, he is far better without that nurse than with her—however valuable and handy her services may otherwise be to him, and however incapable he may be of rendering them to himself.

With regard to reading aloud in the sick room, my experience is, that when the sick are too ill to read to themselves, they can seldom bear to be read to. Children, eye-patients, and uneducated persons are exceptions, or where there is any mechanical difficulty in reading. People who like to be read to, have generally not much the matter with them; while in fevers, or where there is much irritability of brain, the effort of listening to reading aloud has often brought on delirium. I speak with great diffidence; because it is an almost universal belief that it is *sparing* the sick to read aloud to them. But two things are certain:—

(1.) If there is some matter which *must* be read to a sick person, do it slowly. People often think that the way to get it over with least fatigue to him is to get it over in least time. They gabble; they plunge and gallop through the reading. There never was a greater mistake. Houdin, the conjuror, says that the way to make a story seem short is to tell it slowly. So it is with reading to the sick. I have often heard a patient say

to such a mistaken reader, "Don't read it to me; tell it me." Sick children, if not too shy to speak, will always express this wish. They invariably prefer a story to be *told* to them, rather than read to them. Unconsciously they are aware that this will regulate the plunging, the reading with unequal paces, slurring over one part, instead of leaving it out altogether, if it is unimportant, and mumbling another. If the reader lets his own attention wander, and then stops to read up to himself, or finds he has read the wrong bit, then it is all over with the poor patient's chance of not suffering. Very few people know how to read to the sick; very few read aloud as pleasantly even as they speak. In reading they sing, they hesitate, they stammer, they hurry, they mumble; when in speaking they do none of these things. Reading aloud to the sick ought always to be rather slow, and exceedingly distinct, but not mouthing—rather monotonous, but not sing-song—rather loud, but not noisy—and above all, not too long. Be very sure of what your patient can bear.

(2.) The extraordinary habit of reading to one's self in a sick room, and reading aloud to the patient any bits which will amuse him, or more often the reader, is unaccountably thoughtless. What *do* you think the patient is thinking of during your gaps of non-reading? Do you think that he amuses himself upon what you have read for precisely the time it pleases you to go on reading to yourself, and that his attention is ready for something else at precisely the time it pleases you to begin reading again?

One thing more:—From the flimsy manner in which most modern houses are built, where every step on the stairs, and along the floors, is felt all over the house; the higher the story the greater the vibration. It is surprising how much the sick suffer by having anybody overhead. In the solidly built old houses, which, fortunately, most hospitals are, the noise and shaking is comparatively trifling. But it is a serious cause of suffering, in lightly built houses, and with the irritability peculiar to some diseases. Better far put such patients at the top of the house, even with the additional fatigue of stairs, if you cannot secure the room above them being untenanted; you may otherwise bring on a state of restlessness which no opiate will subdue. Do not neglect the warning, when a patient tells you that he "feels every step above him to cross his heart." Remember that every noise a patient cannot *see* partakes of the character of

suddenness to him; and I am persuaded that patients with these peculiarly irritable nerves, are positively less injured by having persons in the same room with them than overhead, or than separated by only a thin compartment. Any sacrifice to secure silence for these cases is worth while, because no air, however good, no attendance, however careful, will do anything for such cases without quiet.

V.—VARIETY.

To any but an old nurse, or an old invalid, the degree would be quite inconceivable to which the nerves of the sick suffer from seeing the same walls, the same ceiling, the same surroundings during a long confinement to one or two rooms.

Persons suffering severe paroxysms of pain are much more cheerful than persons suffering from nervous weakness. This has often been remarked upon, and attributed to the enjoyment by the former of their intervals of respite. I incline to think that the majority of cheerful cases is to be found among those patients who are not confined to one room, whatever their suffering, and that the majority of depressed cases will be seen among those subjected to a long monotony of objects about them.

The nervous frame really suffers as much from this as the digestion does from long monotony of diet.

The effect in sickness of beautiful objects, of variety of objects, and especially of brilliancy of colour, is hardly at all appreciated.

Such cravings are usually called the "fancies" of patients. And often, doubtless, patients have "fancies," as, *e.g.* when they desire two contradictions. But much more often, their (so-called) "fancies" are most valuable signs of what is necessary for their recovery. And it would be well if nurses would watch these (so-called) "fancies" closely.

I have seen, in fevers (and felt, when I was a fever-patient myself), the most acute suffering produced from the patient (in a hut) not being able to see out of window, and the knots in the wood being the only view. I shall never forget the rapture of fever-patients over a bunch of bright-coloured flowers. I remember (in my own case) a nosegay of wild flowers being sent me, and from that moment recovery becoming more rapid.

People say the effect is only on the mind. It is no such thing.

The effect is on the body, too. Little as we know about the way in which we are affected by form, by colour, and light, we do know this, that they have an actual bodily effect.

Variety of form and brilliancy of colour in the objects presented to patients, are actual means of recovery.

But it must be *slow* variety, *e.g.*, if you show a patient ten or twelve pictures successively, ten to one that he does not become cold and faint, or feverish, or even sick; but hang one up opposite him, one on each successive day, or week, or month, and he will delight in the variety.

The folly and ignorance which are too often supreme over the sick room, cannot be better shown than by this. While the nurse will leave the patient stewing in a corrupting atmosphere, she will deny him, on the plea of unhealthiness, a glass of cut-flowers, or a growing plant. Now, no one ever saw "over-crowding" by plants in a room or ward. And the carbonic acid they give off at nights would not poison a fly. Nay, in over-crowded rooms, they actually absorb carbonic acid, and give off oxygen. Cut-flowers also decompose water, and produce oxygen gas. It is true there are certain flowers, *e.g.* lilies, the smell of which is said to depress the nervous system. These are easily known by the smell, and can be avoided.

A very great deal is now written and spoken as to the effect of the mind upon the body. Much of it is true. But I wish a little more was thought of the effect of the body on the mind. You who believe yourselves overwhelmed with cares, but are able every day to walk up the street, or out in the country, to take your meals with others in other rooms, &c., &c., you little know how much your anxieties are thereby lightened; you little know how intense they become to those who can have no change; how the very walls of their sick rooms seem hung with their cares; how the ghosts of their troubles haunt their beds; how impossible it is for them to escape from a pursuing thought without some help from variety.

It is a matter of painful wonder to the sick themselves, how much more they think of painful things than of pleasant ones; they reason with themselves, they think themselves ungrateful; it is all of no use. The fact is, that these painful ideas are far better dismissed by amusing the invalid, or by showing him something pretty, than by arguing with him. I have mentioned the cruelty of letting him stare at a dead wall. In many diseases,

especially in recovery from fever, that wall will appear to make all sorts of faces at him; now flowers never do this.

A patient can just as much move his leg when it is broken, as change his thoughts when no help from variety is given him. This is, indeed, one of the main sufferings of sickness; just as the fixed posture is one of the main sufferings of the broken limb.

It is a constant wonder to me to see people, who call themselves nurses, acting thus. They vary their own objects, their own employments, many times a day; and while nursing (!) some bed-ridden sufferer, they let him lie there with no view at all but the flies on the ceiling; without any change of object to enable him to vary his thoughts; and it never even occurs to them, at least to move his bed so that he can look out of window. No, the bed is to be always left in the darkest, dullest, closest part of the room.

I remember a case in point. A man received an injury to the spine, from an accident, which, after a long confinement, ended in death. He was a workman—he did not care about "nature," he said—but he was desperate to "see once more out of window." His nurse, who was the woman of the house where he lodged, actually got him on her back, and managed to perch him up at the window for an instant, "to see out." The consequence to the poor woman was a serious illness, which nearly proved fatal. The man never knew it; but a great many other people did. Yet they none of them thought, so far as I know, that the craving for variety in the starving eye is just as desperate as that for food in the starving stomach, and tempts the famishing creature, in either case, to steal for its satisfaction. No other word will express it but "desperation." And it is just as stupid not to provide the sick bed with a "view," or with variety of some kind, as if you did not provide the house with a kitchen.

And in no case does the considerate person meet with the same success as he does with the sick. People write poetry about the "charms of nature." I question whether the intensest pleasure ever felt in nature is not that of the sick man raising a forest tree, six inches high, from an acorn or a horse-chestnut, in a London back-court.

It is a very common error among the well to think that, "with a little more self-control," the sick might, if they choose, "dismiss painful thoughts," which "aggravate their disease," &c. Believe me, almost *any* sick person, who behaves decently well, exercises more self-control every moment of his day than you will

ever know till you are sick yourself. Almost every step that crosses his room is painful to him; almost every thought that crosses his brain is painful to him; and if he can speak without being savage, and look without being unpleasant, he is exercising self-control.

Suppose you have been up all night, and instead of being allowed to have your cup of tea, you were to be told that you ought to "exercise self-control," what should you say? Now, the nerves of the sick are always in the state that yours are in after you have been up all night.

We will suppose the diet of the sick to be cared for. Then, this state of nerves is most frequently to be relieved by care in affording them a pleasant view, a variety of flowers, and pretty things. Light by itself will often relieve it. The craving for "the return of day," which the sick so constantly show, is generally nothing but the desire for light, for the relief which a variety of objects before the eye affords to the harassed sick mind.

Again, every man and every woman has some amount of work with the hands, excepting a few fine ladies, who do not even dress themselves, and who are really, as to nerves, very like the sick. Now, you can have no idea of the relief which such manual labour is to you—of the degree which the being without it increases the peculiar irritability from which many invalids suffer.

A little needlework, a little writing, a little cleaning, would be the greatest relief the sick could have, if they could do it; these *are* the greatest relief to you, though you do not know it. Reading, though it is often the only thing the sick can do, is not this relief. Bearing this in mind, bearing in mind that you have all these varieties of employment which the sick cannot have, bear also in mind to obtain for them all the varieties which they can enjoy.

I need hardly say, that too much needlework, or writing, or any other continued employment, will produce the same irritability that too little produces in the sick.

VI.—TAKING FOOD.

Every careful observer of the sick will agree in this, that thousands of patients are annually starved in the midst of plenty, from want of attention to the ways which alone make it possible for them to take food. This want of attention is as remarkable

in those who urge upon the sick to do what is quite impossible to them, as in the sick themselves, who will not make the effort to take what is perfectly possible to them.

For instance, to most very weak patients it is quite impossible to take any solid food before 11 A.M., nor then, if their strength is still further exhausted by fasting till that hour. For weak patients have generally feverish nights and, in the morning, dry mouths; and, if they could eat with those dry mouths, it would be the worse for them. A spoonful of beef-tea, of arrowroot and wine, of egg-flip, every hour, will give them the requisite nourishment, and prevent them from being too much exhausted to take at a later hour the solid food which is necessary for their recovery. And every patient who can swallow at all can swallow these liquid things, if he chooses. But how often do we hear a mutton-chop, an egg, a bit of bacon, ordered to a patient for breakfast, to whom (as a moment's consideration would show us) it must be quite impossible to take such things at that hour.

Again, a nurse is ordered to give a patient a teacupful of some article of food every three hours. The patient's stomach rejects it. If so, try a tablespoonful every hour; if this will not do, a teaspoonful every quarter of an hour.

More patients are lost by want of care and ingenuity in these things in private nursing than in public hospitals. And there is more of making common cause to assist one another's hands between the doctor and his head nurse in the hospital than between the doctor and the patient's friends in the private house.

If we did but know the consequences which may ensue, in very weak patients, from ten minutes' fasting or repletion (I call it repletion when they are obliged to leave too small an interval between taking food and some other exertion, owing to the nurse's unpunctuality), we should be more careful never to let this occur. In very weak patients there is often a nervous difficulty of swallowing, which is so much increased by any other call upon their strength that, unless they have their food punctually at the minute, which minute again must be arranged so as to fall in with no other minute's occupation, they can take nothing till the next respite occurs—so that an unpunctuality or delay of ten minutes may very well turn out to be one of two or three hours. And why is it not as easy to be punctual to a minute? Life often literally hangs upon these minutes.

In acute cases where life or death is to be determined in a few

hours, these matters are very generally attended to, especially in hospitals; and the number of cases is large where the patient is, as it were, brought back to life by exceeding care on the part of the doctor or nurse, or both, in ordering and giving nourishment with exact punctuality and choice.

But, in chronic cases, lasting over months and years, where death is often determined at last by mere protracted starvation, I had rather not tell the instances which I have known where a little ingenuity, and a great deal of perseverance, might, in all probability, have averted the result. The consulting the hours when the patient can take food, the observation of the times, often varying, when he is most faint, the altering seasons of taking food, in order to prevent such times—all this, which requires observation, ingenuity, and perseverance (and these really constitute the good nurse), might save more lives than we wot of.*

To leave the patient's untasted food by his side, from meal to meal, in hopes that he will eat it in the interval, is simply to prevent him from taking any food at all. Patients have been literally made incapable of taking one article of food after another, by this piece of ignorance. Let the food come at the right time, and be taken away, eaten or uneaten, at the right time; but never let a patient have "something always standing" by him, if you don't wish to disgust him of everything.

On the other hand, a poor woman's life has been saved (she was sinking for want of food) by the simple question put to her by the doctor, "But is there no hour when you feel you could eat?" "Oh, yes," she said, "I could always take something at — o'clock, and — o'clock." The thing was tried and succeeded. Patients very seldom, however, can tell this; it is for you to watch and find it out.

A patient should, if possible, not see or smell either the food of others, or a greater amount of food than he himself can consume at one time, or even hear food talked about or see it in the raw state. I know of no exception to the above rule. The breaking of it always brings on more or less dislike to taking food.

In hospital wards it is of course impossible to observe all this; and in rooms, where a patient must be closely watched, it is

* Note.—Exhaustion from a half-starvation is one of the most frequent causes of loss of sleep. Many a patient will sleep exactly in proportion as he can eat. Any one who has seen a famine will remember the constant cry, "We cannot sleep;" and "sleep seems the only thing which would do us any good." And the constant cry to the doctor is, "Give us something to make us sleep."

often impossible to relieve the nurse, so that her own meals can be taken out of the room. But it is not the less true that, in such cases, even where the patient is not himself aware of it, he is prevented from taking food by seeing the nurse eating her meals. In some cases the sick are aware of it and complain. A poor woman, supposed to be insensible, who complained of it to me as soon as able to speak, is now in my mind.

Remember, however, that the extreme punctuality in well-ordered hospitals, the rule that nothing shall be done in the ward while the patients are having their meals, go far to counterbalance what unavoidable evil there is in having patients together. The private nurse may be often seen dusting or fidgeting about in a sick room all the while the patient is eating, or trying to eat.

That the more alone an invalid can be when taking food, the better, is unquestionable; and, even if he must be fed, the nurse should not allow him to talk, or talk to him, especially about food, while eating.

When a person is compelled, by the pressure of occupation, to continue his business while sick, it ought to be a rule WITHOUT ANY EXCEPTION WHATEVER, that no one shall bring business to him or talk to him while he is taking food, nor go on talking to him on interesting subjects up to the last moment before his meals, nor make an engagement with him immediately after, so that there be any hurry of mind while taking them.

Upon the observance of these rules, especially the first, often depends the patient's taking food at all, or, if he is amiable, and forces himself to take food, deriving any nourishment from it.

A nurse should never put before a patient milk that is sour, meat or soup that is turned, an egg that is bad, or vegetables underdone. Yet often these things are brought to the sick in a state loathsome to every nose or eye except the nurse's. It is here that the clever nurse appears; she will not bring in the bad article, but not to disappoint the patient, she will whip up something else in a few minutes. Remember that sick cookery should half do the work of your poor patient's weak digestion. But if you further impair it with your bad articles, I know not what is to become of him or of it.

If the nurse is an intelligent being, and not a mere carrier of diets to and from the patient, let her exercise her intelligence in these things. How often have we known a patient eat nothing at all in the day, because one meal was left untasted (at that time

he was incapable of eating), at another the milk was sour, the third was spoiled by some other accident. And it never occurred to the nurse to find out some expedient,—it never occurred to her that as he had had no solid food that day, he might eat a bit of toast (say) with his tea in the evening, or he might have some meal an hour earlier. A patient who cannot touch his dinner at two, will often take it gladly, if brought to him at seven. But somehow nurses never "think of these things." One would imagine they did not consider themselves bound to exercise their judgment; they leave it to the patient. Now I am quite sure that it is better for a patient rather to suffer these neglects than to try to teach his nurse to nurse him, if she does not know how. It ruffles him, and if he is ill, he is in no condition to teach, especially upon himself. The above remarks apply much more to private nursing than to hospitals.

I would say to the nurse, have a rule of thought about your patient's diet; consider, remember how much he has had, and how much he ought to have to-day. Generally, the only rule of the private patient's diet is what the nurse has to give. It is true she cannot give him what she has not got; but his stomach does not wait for her convenience, or even her necessity. If it is used to having its food or drink at one hour to-day, and to-morrow it does not have it, because she has failed in getting it, he will suffer. She must be always exercising her ingenuity to supply defects, and to remedy accidents which will happen among the best contrivers, but from which the patient does not suffer the less, "because they cannot be helped."

Why, because the nurse has not got some food to-day which the patient takes, can the patient wait four hours for it to-day who could not wait two hours yesterday? Yet this is the only excuse one generally hears. On the other hand, the opposite course, viz., of the nurse giving the patient a thing because she *has* got it, is almost equally bad. If she happens to have fresh jelly, or fresh fruit, she will frequently give it to the patient half-an-hour after his dinner, or at his dinner, when he cannot possibly eat that and the broth too—or, worse still, leave it by his bed-side till he is so sickened with the sight of it, that he cannot eat it at all.

One very small caution,—take care not to spill into your patient's saucer,—in other words, take care that the outside bottom rim of his cup is quite dry and clean; if, every time he

lift his cup to his lips, he has to carry the saucer with it, or else to drop the food upon and to soil his sheet, or his bed-gown, or pillow, or, if he is sitting up, his dress, you have no idea what a difference this small want of care on your part makes to his comfort and even to his willingness for food.

VII.—WHAT FOOD?

I WILL mention one or two of the most common errors among women in charge of sick respecting sick diet. One is the belief that beef-tea is the most nourishing of all articles. Now, just try and boil down a lb. of beef into beef-tea, evaporate your beef-tea, and see what is left of your beef. You will find that there is barely a teaspoonful of solid nourishment to half-a-pint of water in beef-tea. It is quite true that, by mincing the beef and then stewing it, you can get a larger quantity of solid in the liquor; but then it is not beef-tea, and there are many patients who could not take it. There is a certain restoring quality in beef-tea, we do not know what, as there is in tea; it may safely be given in almost any inflammatory disease, but is little to be depended upon with the healthy or convalescent where much nourishment is required. Again, it is an ever-ready saw that an egg is equivalent to a lb. of meat; whereas it is not at all so. Also, it is seldom noticed with how many patients, particularly of nervous or bilious temperament, eggs disagree. All puddings made with eggs are distasteful to them in consequence. An egg, whipped up with wine, is often the only form in which they can take this kind of nourishment. Again, if the patient is able to eat meat, it is supposed that to give him meat is the only thing needful for his recovery; whereas scorbutic sores have been actually known to appear among sick persons living in the midst of plenty in England, which could be traced to no other source than this, viz.: that the nurse, depending on meat alone, had allowed the patient to be without vegetables for a considerable time, these latter being so badly cooked that he always left them untouched. Arrowroot is another grand dependence of the nurse. To mix the patient's wine in, being as it is quickly prepared, it is all very well. But it is nothing but starch and water. Flour is both more nutritive, and less liable to ferment, and is preferable wherever it can be used.

Again, milk and the preparations from milk, are a most im-

portant article of food for the sick. Butter is the lightest kind of animal fat, and though it wants some of the things which there are in milk, yet it is most valuable both in itself and in enabling the patient to eat more bread. Flour, oats, groats, rice, barley, and their kind, are, as we have already said, preferable in all their preparations to all the preparations of arrowroot, sago, tapioca, and their kind. Cream, in many long chronic diseases, is quite irreplaceable by any other article whatever. It seems to act in the same manner as beef-tea, and to most it is much easier of digestion than milk. In fact, it seldom disagrees. Cheese is not usually digestible by the sick, but it has great nourishment in it, and I have seen sick, and not a few either, whose craving for cheese showed how much it was needed by them.*

But if fresh milk is so valuable a food for the sick, the least change or sourness in it makes it of all articles, perhaps, the most injurious; diarrhœa is a common result of fresh milk allowed to become at all sour. The nurse, therefore, ought to exercise her utmost care in this. In large institutions for the sick, even the poorest, the utmost care is exercised. Ice is used for this express purpose every summer, while the sick person at home, perhaps, never tastes a drop of milk that is not sour, all through the hot weather, so little does the home nurse understand the necessity of such care. Yet, if you consider that the only drop of real nourishment in your patient's tea is the drop of milk, and how much almost all English patients depend upon their tea, you will see the great importance of not depriving your patient of this drop of milk. Buttermilk, a totally different thing, is often very useful, especially in fevers.

Almost all patients in England, young and old, male and female, rich and poor, hospital and private, dislike sweet things,—and while I have never known a person take to sweets when he was ill who disliked them when he was well, I have known many fond of them when in health, who in sickness would leave off anything sweet, even to sugar in tea,—sweet puddings, sweet drinks, are their aversion; the furred tongue almost always likes

* In the diseases produced by bad food, such as scorbutic dysentery and diarrhœa, the patient's stomach often craves for and digests things, some of which certainly would never have been ordered for sick, and especially not for such sick. These are fruit, pickles, jams, gingerbread, fat of ham or of bacon, suet, cheese, butter, milk. These cases I have seen not by ones, nor by tens, but by hundreds. And the patient's stomach was right.

what is sharp or pungent. Scorbutic patients are an exception, they often crave for sweetmeats and jams.

Jelly is another article of diet in great favour with nurses and friends of the sick; even if it could be eaten solid, it would not nourish, but it is simply the height of folly to take ⅛ oz. of gelatine and make it into a certain bulk by dissolving it in water and then to give it to the sick, as if the mere bulk represented nourishment. It is now known that jelly does not nourish, that it has a tendency to produce diarrhœa,—and to trust to it to repair the waste of a diseased constitution is simply to starve the sick under the disguise of feeding them. If one hundred spoonfuls of jelly were given in the course of the day, you would have given one spoonful of gelatine, which spoonful has no nutritive power whatever.

Dr. Christison says that "every one will be struck with the readiness with which" certain classes of "patients will often take diluted meat juice or beef-tea repeatedly, when they refuse all other kinds of food." This is particularly remarkable in "cases of gastric fever, in which," he says, "little or nothing else besides beef-tea or diluted meat juice" has been taken for weeks or even months; "and yet a pint of beef-tea contains scarcely ¼ oz. of anything but water."

A small quantity of beef-tea added to other articles of food makes them more nourishing.

The reason why beef-tea should be nourishing and jelly not so to the sick, is a secret yet undiscovered, but it clearly shows that careful observation of the sick is the only clue to the best dietary.

Again, the nourishing power of milk and of the preparations from milk, is very much undervalued; there is nearly as much nourishment in half a pint of milk as there is in a quarter of a lb. of meat. But this is not the whole question or nearly the whole. The main question is, what the patient's stomach can derive nourishment from, and of this the patient's stomach is the sole judge. Chemistry cannot tell this. The patient's stomach must be its own chemist. The diet which will keep the healthy man healthy, will kill the sick one. The same beef which is the most nutritive of all meat, and which nourishes the healthy man, is the least nourishing of all food to the sick man, whose half-dead stomach can *assimilate* no part of it, that is, make no food out of it. On a diet of beef-tea healthy men, on the other hand, speedily lose their strength.

I have known patients live for many months without touching bread, because they could not eat baker's bread. These were mostly country patients, but not all. Home-made bread or brown bread is a most important article of diet for many patients. The use of aperients may be entirely superseded by it. Oat cake is another.

To watch for the opinions, then, which the patient's stomach gives, rather than to read books about "foods," is the business of all those who have to settle what the patient is to eat—perhaps the most important thing to be provided for him after the air he is to breathe.

Now the medical man who sees the patient only once a day, or even only once or twice a week, cannot possibly tell this without the assistance of the patient himself, or of those who are in constant observation of the patient. The utmost the medical man can tell is, whether the patient is weaker or stronger at this visit than he was at the last visit. I should therefore say, that incomparably the most important office of the nurse, after she has taken care of the patient's air, is to take care to observe the effect of his food, and report it to the doctor.

A great deal too much against tea is said by wise people, and a great deal too much of tea is given to the sick by foolish people. When you see the natural and almost universal craving in English sick for their "tea," you cannot but feel that nature knows what she is about. But a little tea or coffee restores them quite as much as a great deal, and a great deal of tea and especially of coffee impairs the little power of digestion they have. Yet a nurse, because she sees how one or two cups of tea or coffee restore her patient, thinks that three or four cups will do twice as much. This is not the case at all; it is however certain that there is nothing yet discovered which is a substitute to the English patient for his cup of tea; he can take it when he can take nothing else, and he often can't take anything else if he has it not. I should be very glad if any of the abusers of tea would point out what to give to an English patient after a sleepless night, instead of tea. If you give it at five or six o'clock in the morning, he may even sometimes fall asleep after it, and get perhaps his only two or three hours' sleep during the twenty-four. At the same time you never should give tea or coffee to the sick, as a rule, after five o'clock in the afternoon. Sleeplessness in the early night is from excitement generally, and is increased by

tea or coffee ; sleeplessness which continues to the early morning is from exhaustion often, and is relieved by tea. The only English patients I have ever known refuse tea, have been typhus cases, and the first sign of their getting better was their craving again for tea. In general, the dry and dirty tongue always prefers tea to coffee, and will quite decline milk, unless with tea. Coffee is a better restorative than tea, but a greater impairer of the digestion. Let the patient's taste decide. You will say that, in cases of great thirst, the patient's craving decides that it will drink *a great deal* of tea, and that you cannot help it. But in these cases be sure that the patient requires diluents for quite other purposes than quenching the thirst ; he wants a great deal of some drink, not only of tea, and the doctor will order what he is to have, barley-water or lemonade, or soda-water and milk, as the case may be.

It is often recommended to persons about to go through great fatigue, either from the kind of work, or from their being not in a state fit for it, to eat a piece of bread before they go. I wish the recommenders would themselves try the experiment of taking a piece of bread instead of a cup of tea or coffee as a refresher. They would find it very poor comfort. When men have to set out fasting on fatiguing duty, when nurses have to go fasting in to their patients, it is a hot restorative they want, and ought to have, before they go, not a cold bit of bread. If they can take a bit of bread *with* the hot cup of tea, so much the better, but not *instead* of it. The fact that there is more nourishment in bread than in almost anything else has probably induced the mistake. That it is a mistake there is no doubt.

English men and women who have undergone great fatigue, such as taking a long journey without stopping, or sitting up for several nights in succession, almost always say that they can do it best upon a cup of tea. It is also the best refreshment before going out to a long day's work.

In making coffee for the sick, you should always buy it in the berry, and grind it at home. Otherwise you may reckon upon its containing a certain amount of chicory, *at least*. This is not a question of the taste or of the wholesomeness of chicory. It is that chicory has nothing at all of the properties for which you give coffee. And therefore you may as well not give it.

Again, all laundresses, mistresses of dairy-farms, head nurses (I speak of the good old sort only—women who do both a good

deal of hard hand-labour, and also the head-work necessary for arranging the day's business, so that none of it shall tread upon the heels of something else) set great value, I have observed, upon having a high-priced tea. This is called extravagant. But these women are "extravagant" in nothing else. And they are right in this. Real tea-leaf tea alone contains the restorative they want; which is not to be found in sloe-leaf tea.

The mistresses of houses, who cannot even go over their own house once a-day, are incapable of judging for these women, for they are incapable themselves, to all appearance, of the spirit of arrangement (no small task) necessary for managing a large ward or dairy.

Cocoa is often recommended to the sick instead of tea or coffee. But independently of the fact that English sick very generally dislike cocoa, it has quite a different effect from tea or coffee. It is an oily starchy nut, having no restorative power at all, but simply increasing fat. It is pure mockery of the sick, therefore, to call it a substitute for tea. For any refreshment it is of, you might just as well offer them chestnuts instead of tea.

An almost universal error among nurses is in the bulk of the food, and especially the drinks, they offer to their patients. Suppose a patient ordered four oz. brandy during the day, how is he to take this if you make it into four pints with diluting it? The same with tea and beef-tea, with arrowroot, milk, &c. You have not increased the nourishment, you have not increased the renovating power of these articles, by increasing their bulk—you have very likely diminished both by giving the patient's digestion more to do, and, most likely of all, the patient will leave half of what he has been ordered to take, because he cannot swallow the bulk with which you have been pleased to invest it. It requires very nice observation and care (and meets with hardly any) to determine what will not be too thick or strong for the patient to take, while giving him no more than the bulk which he is able to swallow.

VIII.—BED AND BEDDING.

A FEW words upon bedsteads and bedding; and principally as regards patients who are entirely, or almost entirely, prisoners to bed.

Feverishness is generally supposed to be a symptom of fever—in nine cases out of ten it is a symptom of bedding.

The patient has had re-introduced into the body the perspiration from himself which day after day and week after week soaks into his unaired bedding. How can it be otherwise? Look at the ordinary bed in which a patient lies.

If I were looking out for an example in order to show what *not* to do, I should take the specimen of an ordinary bed in a private house: a wooden bedstead, two or even three mattresses piled up to above the height of a table; a vallance fastened to the frame—nothing but a miracle could ever thoroughly dry or air such a bed and bedding. The patient must choose between cold damp after his bed is made, and warm damp before, both from his own perspiration; and this from the time the mattresses are put under him till the time they are picked to pieces, if this is ever done!

For the same reason, if, after washing a patient, you must put the same night-dress on him again, always give it a warm first, at the fire. The night-gown he has worn must be, to a certain extent, damp. It has now got cold from having been off him for a few minutes. The fire will dry and at the same time air it. This is much more important than with clean things.

If you consider that a grown up man in health exhales by the lungs and skin in the twenty-four hours three pints at least of moisture, loaded with matter ready to putrefy; that in sickness the quantity is often greatly increased, the quality is always more hurtful—just ask yourself next where does all this moisture go to? Chiefly into the bedding, because it cannot go anywhere else. And it stays there; because, except perhaps a weekly change of sheets, scarcely any other airing is attempted. A nurse will be careful to fidgetiness about airing the clean sheets from clean damp, but airing the dirty sheets from dirty damp will never even occur to her. Besides this, the most dangerous effluvia we know of are from the excretions of the sick—these are placed, at least for a time, where they must throw their effluvia into the under side of the bed, and the space under the bed is never aired; it cannot be, with our arrangements. Must not such a bed be always saturated, and be always the means of re-introducing into the unfortunate patient who lies in it, that matter to get out which from the body nature had appointed the disease?

My heart always sinks within me when I hear the good housewife, of every class, say, "I assure you the bed has been well slept in," and one can only hope it is not true. What? is the bed

already saturated with somebody else's damp before my patient comes to exhale into it his own damp? Has it not had a single chance to be aired? No, not one. "It has been slept in every night."

The best bedding, either for sick or well, is an *iron* bedstead, (no vallance, of course,) and hair mattress. Whenever you can, hang up the whole of the bedding to air for a few hours.

On no account whatever should a sick person's bed ever be higher than a sofa. Otherwise the patient can get at nothing for himself: he can move nothing for himself. A patient's bed should never have its side against the wall. The nurse must be able to get easily to both sides of the bed, and to reach easily every part of the patient without stretching—a thing impossible if the bed be either too wide, or too high, or in a corner.

When I see a patient in a room nine or ten feet high, upon a bed between four and five feet high, with his head, when he is sitting up in bed, actually within three or four feet of the ceiling, I ask myself, is this to make him feel as if the walls and ceiling were closing in upon him? If, over and above this, the window stops short of the ceiling, then the patient's head may literally be *above* the fresh air, even when the window is open. The heads of sleepers or of sick in ordinary bed-rooms should never be higher than the throat of the chimney, which ensures their being in the current of best air. And we will not suppose it possible that you have closed your chimney with a chimney-board.

If a bed is higher than a sofa, the fatigue of getting in and out of bed will just make the difference, very often, to the patient (who can get in and out of bed at all) of being able to take a few minutes' exercise, either in the open air or in another room.

A patient's bed should always be in the lightest spot in the room; and he should be able to see out of window.

I need scarcely say that the old four-post bed with curtains is bad, whether for sick or well. I wish we might never see another! Never use a feather bed, either for sick or well. A careful woman will air her whole bedding, at least once a week, either by hanging it out in fine weather in the sun and air, or by toasting it before a hot fire. This is especially necessary for children's bedding; especially necessary where the whole family lives in one room.

Not a few cases of scrofula among children proceed from the habit of sleeping with the head under the bed-clothes, and so

breathing air already breathed, and full of perspiration from the skin. The same with sick. A good nurse will be careful to attend to this. It is an important part, so to speak, of ventilation.

Consumptive patients often put their heads under the bed-clothes, because it relieves a fit of coughing, brought on by a change of wind or by damp. Of all places to take warm air from, one's own body is certainly the worst. And perhaps, if nurses do encourage this practice, we need no longer wonder at the "rapid decline" of some consumptive patients. A folded silk handkerchief, lightly laid over the mouth, or merely breathing the steam from a basin of boiling water, will relieve the fit of coughing without such danger. But this last must be carefully managed, so as not to make the patient damp.

It may be worth while to remark that, where there is any danger of bed-sores, a blanket should never be placed *under* the patient. It retains damp, and acts like a poultice.

Never use anything but light Witney blankets as bed covering for the sick. The heavy cotton counterpane is bad, for the very reason that it keeps in the perspiration from the sick person, while the blanket allows it to pass through. Weak patients are always distressed by a great weight of bed-clothes, which often prevents their getting any sound sleep whatever.

I once told a "very good nurse" that the way in which her patient's room was kept was quite enough to account for his sleeplessness; and she answered, with perfect good-humour, that she was not at all surprised at it—as if the state of the room were, like the state of the weather, entirely out of her power. Now, in what sense was this woman to be called a "nurse?"

A true nurse will always make her patient's bed carefully herself. Consider the importance of sleep to the sick, the necessity of a well-made bed to give them sleep. But a careless nurse doubles the blankets over the patient's chest, instead of leaving the lightest weight there—she puts a thick blanket under him—she does not turn his mattress *every* way every day; and the patient would rather than not that his bed were made by anybody else.

One word about pillows. Every weak patient, be his illness what it may, suffers more or less from difficulty in breathing. (1.) To take the weight of the body off the poor chest, which is hardly up to its work as it is, ought therefore to be the object of the nurse in arranging his pillows. Now what *does* she do, and

what are the consequences? She piles the pillows one a-top of the other like a wall of bricks. The head is thrown upon the chest, and the shoulders are pushed forward, so as not to allow the lungs room to expand. The pillows, in fact, lean upon the patient, not the patient upon the pillows. It is impossible to give a rule for this, because it must vary with the figure of the patient. But the object is to support, with the pillows, the back *below* the breathing apparatus, to allow the shoulders room to fall back, and to support the head, without throwing it forward. The suffering of dying patients is immensely increased by neglect of these points. And many an invalid, too weak to drag about his pillows himself, slips his book or anything at hand behind the lower part of his back to support it. (2.) Tall patients suffer much more than short ones, because of the *drag* of the long limbs upon the waist. Something to press the feet against is a relief to all.

Having said this about the two principles to be observed for giving ease to patients in bed, I must add that they apply equally to them when up. I scarcely ever saw an invalid chair which did not *increase* the drag of the limbs upon the waist, and throw too much of the weight upon the spine, thereby preventing any relief to the chest. An ordinary *low* well-stuffed arm-chair, with pillows and a footstool, is the best—not too high, nor too deep in the seat, but supporting the legs and feet so as to raise the knees, generally a great relief to invalids sitting up. To support the patient's frame, at as many points as possible, is the thing. And this is what invalid chairs do *not* do; and when the patient is in, he cannot get out.

IX.—LIGHT.

It is the result of all experience with the sick, that second only to their need of fresh air is their need of light; that, after a close room, what hurts them most is a dark room, and that it is not only light but direct sun-light they want. You had better carry your patient about after the sun, according to the aspect of the rooms, if circumstances permit, than let him linger in a room when the sun is off. People think the effect is upon the spirits only. This is by no means the case. The sun is a painter. He does the photograph. Light has quite as real effects upon the human body. But this is not all. Who has not observed the purifying effect of light,

and especially of direct sun-light, upon the air of a room? Here is an observation within everybody's experience. Go into a room where the shutters are always shut (in a sick room or a bed-room there should never be shutters shut), and though the room be uninhabited, though the air has never been polluted by the breathing of human beings, you will observe a close, musty smell of corrupt air, of air, *i.e.*, unpurified by the effect of the sun's rays. The mustiness of dark rooms and corners, indeed, is proverbial. The cheerfulness of a room, the usefulness of light, is all-important.

Healthy people never remember the difference between *bed*-rooms and *sick*-rooms, in making arrangements for the sick. To a sleeper in health it does not signify what the view is from his bed. He ought never to be in it excepting when asleep, and at night. Aspect does not very much signify either (provided the sun reach his bed-room some time in every day, to purify the air, although sunny rooms are always the best), because he ought never to be in his bed-room except during the hours when there is no sun. But the case is exactly reversed with the sick, even should they be as many hours out of their beds as you are in yours, which probably they are not. Therefore, that they should be able, without raising themselves or turning in bed, to see out of a window from their beds, to see sky and sun-light at least, if you can show them nothing else, I assert to be, if not of the very first importance for recovery, at least something very near it. And you should therefore look to the position of the beds of your sick one of the very first things. If they can see out of two windows instead of one, so much the better. Again, the morning sun and the mid-day sun—the hours when they are quite certain not to be up, are of more importance to them, if a choice must be made, than the afternoon sun. Perhaps you can take them out of bed in the afternoon and set them by the window, where they can see the sun. Give them as much direct sun-light as possible from the moment he rises till the moment he sets.

Another great difference between the *bed*-room and the *sick*-room is, that the *sleeper* has a very large balance of fresh air to begin with, when he begins the night, if his room has been open all day as it ought to be; the *sick* man has not, because all day he has been breathing the air in the same room, and dirtying it by the emanations from himself. Far more care is therefore necessary to keep up a constant change of air in the sick-room.

It is hardly necessary to add that there are acute cases (particularly a few eye cases, and diseases where the eye is morbidly sensitive), where a subdued light is necessary. But a dark north room is inadmissible even for these. You can always moderate the light by blinds and curtains.

Heavy, thick, dark window or bed curtains should, however, hardly ever be used for any kind of sick in this country. A light white curtain at the head of the bed is, in general, all that is necessary, and a green blind to the window, to be drawn down only when necessary.

Where is the shady side of deep valleys, there idiots grow. Where are cellars and the unsunned sides of narrow streets, there are the weakly of the human race—mind and body equally degenerating. Put the pale withering plant and human being to live in the sun, and, if not too far gone, each will recover health and vigour in time.

It is a curious thing to observe how almost all patients lie with their faces turned to the light exactly as plants always make their way towards the light; a patient will even complain that it gives him pain "lying on that side." "Then why *do* you lie on that side?" He does not know—but we do. It is because it is the side towards the window. Walk through the wards of a hospital, remember the bed sides of patients you have seen, and count how many sick you ever saw lying with their faces towards the wall.

X.—CLEANLINESS OF ROOMS AND WALLS.

It cannot be necessary to tell a nurse that she should be clean or that she should keep her patient clean,—seeing that the greater part of nursing consists in preserving cleanliness. No ventilation can freshen a room or house where the most scrupulous cleanliness is not observed. Unless the wind be blowing through the windows at the rate of twenty miles an hour, dusty carpets, dirty wainscots, musty curtains and furniture, will always give off a close smell. I have lived in a large London house, where I had two very lofty rooms, with opposite windows, to myself, and yet, owing to the above-mentioned dirty circumstances, no opening of windows could ever keep those rooms free from closeness; but the carpet and curtains having been turned out of the rooms altogether, they became as fresh as could be

wished. It is pure nonsense to say that in London a room cannot be kept clean. Many of our hospitals show the exact reverse.

But no particle of dust is ever or can ever be removed or really got rid of by the present way of dusting. Dusting in these days means nothing but flapping the dust from one part of a room on to another with doors and windows closed. What you do it for, I cannot think. You had much better leave the dust alone if you are not going to take it away altogether. For from the time a room begins to be a room, up to the time when it ceases to be one, no one atom of dust can ever actually leave it thus. Tidying a room means nothing now but removing a thing from one place, which it has kept clean for itself, on to another and a dirtier one. Flapping by way of cleaning is only admissible in the case of pictures, or anything made of paper. The only way I know to *remove* dust, the plague of all lovers of fresh air, is to wipe everything with a damp cloth. And all furniture ought to be so made as that it may be wiped with a damp cloth without injury to itself, and so polished as that it may be damped without injury to others. To "dust," as it is now practised, really means to distribute dust more equally over a room.

If you like to clean your furniture by laying out your clean clothes upon your dirty chairs or sofa, this is one way certainly of doing it. From the chairs, tables, or sofa, upon which the "things" have lain during the night, and which are therefore clean from dust or blacks, the "*things*" having "caught" it, you then remove them to other chairs, tables, sofas, upon which you could write your name with your finger in the dust or blacks. The *other* side of the "things" is therefore now evenly dirtied or dusted. The woman then flaps everything or some things, not out of her reach, with a thing called a duster—the dust flies up, then re-settles more equally than it lay before. This is called "putting the room to rights."

As to floors, the only really clean floor I know is the old-fashioned polished oak floor, which is wet rubbed and dry rubbed every morning to remove the dust.

For a sick room, a carpet is perhaps the worst invention which could by any possibility have been made. If you must have a carpet, the only safety is to take it up two or three times a year, instead of once. A dirty carpet literally infects the room. And if you consider the enormous quantity of dirt from the feet of

people coming in, which must saturate it, this is by no means surprising.

Washing floors of sick-rooms is most objectionable, for this reason. In any school-room or ward, much inhabited, you may smell a smell, while the floor is being scoured, quite different from that of soap and water. It is the exhalation from the animal matter which has soaked into the floor from the feet and breath of the inhabitants.

Dry dirt is comparatively safe dirt. Wet dirt becomes dangerous.

Uncleansed towns in dry climates have been made pestilential by having a water supply.

Doctors have forbidden scrubbing in hospitals. And nurses have done it in the earliest morning, so as not to be detected.

What is to be done?

In the sick-room, the doctor should always be asked whether and at what hour he chooses the floor to be washed. If a patient can be moved, it will probably be best to wash the floor only when he can be taken into another room, and his own room dried by fire and opened windows before he returns. A dry day and not a damp one is, therefore, necessary.

But a private sick-room (where there is not the same going to and fro as in a hospital ward) has been kept perfectly clean by wiping the floor with a damp cloth, and drying it with a floor-brush.

All the furniture was wiped in the same way with a cloth wrung out of hot water—thus freeing the room from dust.

In more than one house the purpose has been answered by planing the floors, saturating them with "drying" linseed oil, well rubbed in, staining them (for the sake of appearance merely), and using beeswax and turpentine.

The floor was cleaned by using a brush with a cloth tied over it. And if anything offensive was spilt, it was washed off immediately with soap and water and the place dried.

I hope the day will come in England when other floors will cease to be ever used, whether in school-rooms, lunatic asylums, hospitals, or houses.

As for walls, the worst is the papered wall; the next worst is plaster. But the plaster can be made safe by frequent lime-washing and occasional scraping; the paper requires frequent renewing. A glazed paper gets rid of a good deal of the danger. But the ordinary bed-room paper is all that it ought *not* to be.

A person who has accustomed her senses to compare rooms proper and improper, for the sick and for children, could tell, blindfold, the difference of the air in old painted and in old papered rooms. The latter will always be musty, even with all the windows open.

The close connection between ventilation and cleanliness is shown in this. An ordinary light paper will last clean much longer if there is an Arnott's ventilator in the chimney than it otherwise would.

The best wall now extant is oil paint. From this you can wash the animal matters.*

These are what make a room musty.

Air can be soiled just like water. If you blow into water you will soil it with the animal matter from your breath. So it is with air. Air is always soiled in a room where walls and carpets are saturated with animal exhalations.

Want of cleanliness, then, in rooms and wards which you have to guard against, may arise in three ways :—

1. Dirty air coming in from without, soiled by sewer emanations, the evaporation from dirty streets, smoke, bits of unburnt fuel, bits of straw, bits of horse-dung.

If people would but cover the outside walls of their houses with tiles, what an incalculable improvement would there be in light, cleanliness, dryness, warmth, and consequently economy. The play of a fire-engine would then effectually wash the outside of a house. This kind of *walling* would stand next to paving in improving the health of towns.

2. Dirty air coming from within, from dust which you often displace, but never remove. And this recalls what ought to be a *sine quâ non*. Have as few ledges in your room or ward as possible. And under no pretence have any ledge whatever out of sight. Dust lies there, and will never be wiped off. This is a certain way to soil the air. Besides this, the animal exhalations from your inmates saturate your furniture. And if you never

* I never can imagine why people suppose that their walls do not require washing, but that their floors do. They say, "Oh! because our floors are walked upon." Not everywhere: not under the beds and tables: yet you scour there. Scour your walls in the same way.

If you like to wipe your dirty door, or some portion of your dirty wall, by hanging up your clean gown or shawl against it on a peg, this is one way certainly, and the most usual way, and generally the only way of cleaning either door or wall in a bed-room.

clean your furniture properly, how can your rooms or wards be anything but musty? Ventilate as you please, the rooms will never be sweet. Besides this, there is a constant *degradation*, as it is called, taking place from everything except polished or glazed articles—*e.g.*, in colouring certain green papers arsenic is used. Now in the very dust even, which is lying about in rooms hung with this kind of green paper, arsenic has been distinctly detected. You see your dust is anything but harmless; yet you will let such dust lie about your ledges for months, your rooms for ever.

Again, the fire fills the room with coal-dust.

3. Dirty air coming from the carpet. Above all, take care of the carpets that the animal dirt left there by the feet of visitors does not stay there. Floors, unless the grain is filled up and polished, are just as bad. The smell, already mentioned, from the floor of a school-room or ward, when any moisture brings out the organic matter by which it is saturated, might alone be enough to warn us of the mischief that is going on.

The outer air, then, can only be kept clean by sanitary improvements, and by consuming smoke. The expense in soap, which this single improvement would save, is quite incalculable.

The inside air can only be kept clean by excessive care in the ways mentioned above,—to rid the walls, carpets, furniture, ledges, &c., of the organic matter and dust—dust consisting greatly of this organic matter,—with which they become saturated, and which is what really makes the room musty.

Without cleanliness, you cannot have all the effect of ventilation; without ventilation, you can have no thorough cleanliness.

Very few people, be they of what class they may, have any idea of the exquisite cleanliness required in the sick-room. For much of what is here said applies less to the hospital than to the private sick-room. The smoky chimney, the dusty furniture, the utensils emptied but once a day, often keep the air of the sick constantly dirty in the best private houses.

The well have a curious habit of forgetting that what is to them but a trifling inconvenience, to be patiently "put up" with, is to the sick a source of suffering, delaying recovery, if not actually hastening death. The well are scarcely ever more than eight hours, at most, in the same room. Some change they can always make, if only for a few minutes. Even during these eight hours, they can change their posture or their position in

the room. But the sick man who never leaves his bed, who cannot change by any movement of his own his air, or his light, or his warmth; who cannot obtain quiet, or get out of the smoke, or the smell, or the dust; he is really poisoned or depressed by what is to you the merest trifle.

"What can't be cured must be endured," is the very worst and most dangerous maxim for a nurse which ever was made. Patience and resignation in her are but other words for carelessness or indifference — contemptible, if in regard to herself; culpable, if in regard to her sick.

XI.—PERSONAL CLEANLINESS.

In almost all diseases, the cleanliness of the skin is most important. And this is particularly the case with children. But the perspiration, which comes from the skin, is left there, unless removed by washing or by the clothes. Every nurse should keep this fact constantly in mind—for, if she allow her sick to remain unwashed, or their clothing to remain on them after being saturated with perspiration or other excretion, she is interfering with the process of health just as effectually as if she were to give the patient a dose of slow poison by the mouth. Poisoning by the skin is no less certain than poisoning by the mouth—only it is slower in its operation.

Country people are much more afraid of water than town people; poor people than rich people. Many a good, active, cleanly, country housewife has told me with pride that she has never had her children's feet washed in all their lives, nor let one of them ever touch himself with cold water. Many a collier and labouring man still boasts that he has never washed anything below his face, except his hands. In districts where the water-cure is established, in towns where baths and wash-houses are well known, these extraordinary prejudices are dying out. But there is still many a school where the greatest difficulty is found in getting the children to have their feet washed. All schools ought to have baths and washing-places attached to them.

Even in remote country villages, however, people are getting wiser. An excellent old grandmother, who had never washed her own children, began, in her old age, to wash her delicate little orphan grandchild all over every day, and found him grow up a

stout boy. An old lady began to wash herself all over with cold water for the first time after eighty years of age, and lived ten good years afterwards.

The amount of relief and comfort experienced by sick after the skin has been carefully washed and dried, is one of the commonest observations made at a sick bed. But it must not be forgotten that the comfort and relief so obtained are not all. They are, in fact, nothing more than a sign that the powers of life have been relieved by removing something that was oppressing them. The nurse, therefore, must never put off attending to the personal cleanliness of her patient under the plea that all that is to be gained is a little relief, which can be quite as well given later.

In all well-regulated hospitals this ought to be, and generally is, attended to. But it is very generally neglected with sick at home.

Just as it is necessary to renew the air round a sick person frequently, to carry off sickly vapours from the lungs and skin, by maintaining free ventilation, so is it necessary to keep the pores of the skin free from all obstructing excretions. The object, both of ventilation and of skin-cleanliness, is pretty much the same,—to wit, removing hurtful matter from the body as rapidly as possible.

Care should be taken in all sponging, washing, and cleansing the skin, not to expose too great a surface at once, so as to check the perspiration, which would renew the evil in another form.

The various ways of washing the sick need not here be specified —the less so as the doctors ought to say which is to be used.

Where the skin is hard and harsh, the relief afforded by washing with a great deal of soft soap is incalculable. In other cases, sponging with tepid soap and water, then with tepid water, and drying with a hot towel will be ordered.

Every nurse ought to be careful to wash her hands very frequently during the day. If her face, too, so much the better.

One word as to cleanliness merely as cleanliness.

Compare the dirtiness of the water in which you have washed when it is cold without soap, cold with soap, hot with soap. You will find the first has hardly removed any dirt at all, the second a little more, the third a great deal more. But hold your hand over a cup of hot water for a minute or two, and then, by merely rubbing with the finger, you will bring off flakes of dirt or dirty

skin. After a vapour bath you may peel your whole self clean in this way. What I mean is, that by simply washing or sponging with water you do not really clean your skin. Take a rough towel, dip one corner in very hot water—if a little spirit be added to it it will be more effectual—and then rub as if you were rubbing the towel into your skin with your finger. The black flakes which will come off will convince you that you were not clean before, however much soap and water you have used. These flakes are what require removing. And you can really keep yourself cleaner with a tumbler of hot water and a rough towel and rubbing, than with a whole apparatus of bath and soap and sponge, without rubbing. It is quite nonsense to say that anybody need be dirty. Patients have been kept as clean by these means on a long voyage, when a basin full of water could not be afforded, and when they could not be moved out of their berths, as if all the appurtenances of home had been at hand.

Washing, however, with a large quantity of water has quite other effects than those of mere cleanliness. The skin absorbs the water, and becomes softer and more perspirable. To wash with soap and soft water is, therefore, desirable from other points of view than that of cleanliness.

You ought to use fresh water as freely for the skin as fresh air for the lungs. But the water must be soft. People very little think of this. They think mainly of hard water as chapping their hands, not as being a promoter of drunkenness, uncleanliness, indigestion. "Water-dressings," used to sores, have absolutely the opposite effect, viz., poisoning the sore, when made with very hard water, to what they have, viz., cleansing and healing the sore, when the water is soft. When water is hard, it is worth while to have distilled water for every water-dressing. For all washing of the sick, it is worth while to collect rain-water, or to condense steam from a boiler, or to boil water, which will often remove from one-half to three-fourths of the hardness. Soap and *hard* water actually dirty your patient's skin. The oil in the soap, the perspiration from the skin, and the lime in the water, unite to form a kind of varnish upon the skin, which comes off in the above-mentioned black flakes when rubbed.

The use of soft or filtered water for making tea or drinks, boiling vegetables, or mixing medicines, is very important. A careless nurse sometimes takes the water from the wash-hand

stand for this last purpose. She had often as well not give the medicine at all.

XII.—CHATTERING HOPES AND ADVICES.

THE invalid to his advisers :—

"My advisers! Their name is Legion. * * * Somehow or other, every man, woman, and child considers him, her, or itself, privileged especially to advise me. Why? That is precisely what I want to know." And this is what I have to say to them. I have been advised to go to every place in and out of England—to take every kind of exercise by every kind of cart, carriage—yes, and even swing (!) and dumb-bell (!) in existence; to drink every different kind of stimulus that ever has been invented. And this when those *best* fitted to know, viz., medical men, had declared any journey out of the question, had forbidden any kind of motion whatever, had closely laid down the diet and drink. What would my advisers say, were they the medical attendants, and I, the patient, left their advice, and took the casual adviser's? But the singularity in Legion's mind is this: it never occurs to him that everybody else is doing the same thing, and that I, the patient, *must* say in self-defence, "I could not do with all."

"Chattering Hopes" may seem an odd heading. But I really believe there is scarcely a greater worry which invalids have to endure than the incurable hopes of their friends. There is no one practice against which I can speak more strongly from actual personal experience, wide and long, of its effects during sickness observed both upon others and upon myself. I would appeal most seriously to all friends, visitors, and attendants of the sick to leave off this practice of attempting to "cheer" the sick by making light of their danger and by exaggerating their probabilities of recovery.

Far more now than formerly does the medical attendant tell the truth to the sick who are really desirous to hear it about their own state.

But then it must be the truth.

I mean that there are physician fatalists and Patient fatalists—physician fatalists, who will consider the case of a patient with organic disease hopeless; fatalist Patients, who, if told by the

doctor that they have organic disease, that they must give up work, &c., consider themselves as much doomed to death as if they were on their way to be hung; and the very sentence that they *have* organic disease does doom them to death. They are never told, nor do they consider, how they might avoid, or at least delay, the fatal end. The very sentence hurries it.

I need hardly say that this is *not* telling them the truth.

Also, in the case of sick infants, no telling of hopelessness can, of course, affect the poor little sufferer, but it may the nurse. The more devoted the nurse, the better for poor baby; and a really efficient nurse is generally a woman of deep feeling. I have heard such an one cry out, "Oh! he should not have told me there was no hope. I shan't be able to do all that can be done, if I have no hope!" She does "do all that can be done" till the end; but still it was scarcely true, scarcely wise, to give her no hope. Children do make such wonderful recoveries, if all that can be done *is* done for them "till the end." And, on the other hand, so trifling a neglect will turn the scale of life to death! "While there is life, there is hope," is true, and while there is hope, there is life, is also true—in children's cases pre-eminently.

But, leaving well-founded hopes, to return to "chattering" hopes—

How intense is the folly, then, to say the least of it, of the friend, be he even a medical man, who thinks that his opinion, given after a cursory observation, will weigh with the patient, against the opinion of the medical attendant, given, perhaps, after years of observation, after using every help afforded by the stethoscope, the examination of pulse, tongue, &c., and certainly after much more observation than the friend can possibly have had.

Supposing the patient to be possessed of common sense—how can the "favourable" opinion, if it is to be called an opinion at all, of the casual visitor "cheer" him—when different from that of the experienced attendants. Unquestionably the latter may, and often does, turn out to be wrong. But which is most likely to be wrong?

The fact is, that the patient* is not "cheered" at all by these

* There are, of course, cases, as in first confinements, when an assurance from the doctor or experienced nurse to the frightened suffering woman that there is nothing unusual in her case, that she has nothing to fear but a few hours' pain, may

well-meaning, most tiresome friends. On the contrary, he is depressed and wearied. If, on the one hand, he exerts himself to tell everybody, one after the other, why he does not think as they do—in what respect he is worse—what symptoms exist that they know nothing of—he is fatigued instead of "cheered," and his attention is fixed upon himself. In general, patients who are really ill do not want to talk about themselves. Would-be invalids do; but again I say we are not on the subject of would-be invalids.

If, on the other hand, and which is much more frequently the case, the patient says nothing but "Oh!" and "Ah!" in order to escape from the conversation about himself the sooner, he is depressed by want of sympathy. He feels isolated in the midst of friends. He feels what a convenience it would be, if there were any single person to whom he could speak simply and openly, without pulling the string upon himself of this shower-bath of silly hopes and encouragements; to whom he could express his wishes and directions without that person persisting in saying, "I hope that it will please God yet to give you twenty years," or "You have a long life of activity before you." How often we see at the end of biographies, or of cases recorded in papers, "after a long illness A. died rather suddenly," or "unexpectedly, both to himself and to others." "Unexpectedly" to others, perhaps, who did not see, because they did not look; but by no means "unexpectedly to himself," as I feel entitled to believe, both from the internal evidence in such stories, and from watching similar cases: there was every reason to expect that A.

cheer her most effectually. This is advice of quite another order. It is the advice of experience to utter inexperience. But the advice we have been referring to is the advice of inexperience to bitter experience; and, in general, amounts to nothing more than this, that *you* think *I* shall recover from consumption, because somebody knows somebody somewhere who has recovered from fever.

I have heard a doctor condemned whose patient did not, alas! recover, because another doctor's patient of a *different* sex, of a *different* age, recovered from a *different* disease, in a *different* place. Yes, this is really true. If people who make these comparisons did but know (only they do not care to know) the care and preciseness with which such comparisons require to be made (and are made), in order to be of any value whatever, they would spare their tongues. In comparing the deaths of one hospital with those of another, any statistics are justly considered absolutely valueless which do not give the ages, the sexes, and the diseases of all the cases. It does not seem necessary to mention this. It does not seem necessary to say that there can be no comparison between old men with dropsies and young women with consumptions. Yet the cleverest men and the cleverest women are often heard making such comparisons, ignoring entirely sex, age, disease, place—in fact, *all* the conditions essential to the question. It is the merest *gossip*.

would die, and he knew it; but he found it useless to insist upon his knowledge to his friends.

On the other hand, there is nobody so credulous as a credulous invalid, except, perhaps, the credulous friends of a credulous invalid. How often does it happen that, no sooner have the doctor and nurse come to a perfect understanding as to what must be done, than the nurse is surprised by having an opinion given her as to what ought to be done from somebody she never heard of before. It is sometimes an old friend or an old schoolfellow who suddenly finds out that everybody, patient, doctor, nurse, has been wrong, and that such and such other management would answer better; and everything is upset, confidence is destroyed or disturbed, everybody is annoyed, but only one person is injured, and that is the patient. This kind of interference is mostly out of mere officiousness or wilfulness. But it does more mischief than the mischief-maker at all knows of.

The credulity of patients or of friends often leads to quackery of a much more dangerous kind. There is a morbid dislike to calling in the regular doctor, or he is too expensive. And there is a morbid craving after the advice of any quack who will advertise himself most impudently. "Bone-setters," and others such are the scourge of the poor. Life is too precious to be played with in such a game. Confidence should be placed in both doctor and nurse till there is very good reason for taking it away. But it should certainly never be given to quacks, either male or female.

So also as to all the advice showered so profusely upon the sick, to leave off some occupation, to try some other doctor, some other house, pill, powder, or specific; I say nothing of the inconsistency, for these advisers are sure to be the same persons who exhorted the sick man not to believe his own doctor, because "doctors are always mistaken," but to believe some other doctor, because "this doctor is always right."

Wonderful is the face with which friends will come in and worry the patient with recommendations to do something or other, having just as little knowledge as to its being feasible, or even safe for him, as if they were to recommend a man to take exercise, not knowing he had broken his leg. What would the friend say, if *he* were the medical attendant, and if the patient, because some *other* friend had come in, because somebody, anybody, nobody, had recommended something, anything, nothing, were to

disregard *his* orders, and take that other body's recommendation? But people never think of this.

If such friends and acquaintances would but consider for one moment, that it is probable the patient has heard such advice at least fifty times before, and that had it been practicable, it would have been practised long ago. But of such consideration there appears to be no chance.

To me these commonplaces, leaving their smear upon the cheerful, single-hearted, constant devotion to duty, which is so often seen in the decline of such sufferers, recall the slimy trail left by the snail on the sunny southern garden-wall loaded with fruit.

No mockery in the world is so hollow as the advice showered upon the sick. It is of no use for the sick to say anything, for what the adviser wants is, *not* to know the truth about the state of the patient, but to turn whatever the sick may say to the support of his own argument, set forth, it must be repeated, without any inquiry whatever into the patient's real condition.

To nurses I say—these are the visitors who do your patient harm. When you hear him told :—1. That he has nothing the matter with him, and that he wants cheering. 2. That he is killing himself, and that he wants preventing. 3. That he is the tool of somebody who makes use of him for a purpose. 4. That he will listen to nobody, but is obstinately bent upon his own way ; and 5. That he ought to be called to the sense of duty, and is flying in the face of Providence ;—then know that your patient is receiving all the injury that he can receive from a visitor.

How little the real sufferings of illness are known or understood. How little does any one in good health fancy him or even *her*self into the life of a sick person !

Do, you who are about the sick, or who visit the sick, try and give them pleasure, remember to tell them what will do so. How often in such visits the sick person has to do the whole conversation, while you would take the visitor, absorbed in his own anxieties, for the sick person. "Oh ! my dear, I have so much to think of, I really quite forgot to tell him that ; besides, I thought he would know it," says the visitor to another friend. How could "he know it?" Depend upon it, the people who say this are really those who have little "to think of." There are many burthened with business who always manage to keep a corner in their minds, full of things to tell the "invalid."

I do not say, don't tell him your anxieties—I believe it to be good for him and good for you too; but if you tell him what is anxious, surely you can remember to tell him what is pleasant too.

A sick person does so enjoy hearing good news:—for instance, of a love and courtship, while in progress to a good ending. If you tell him only when the marriage takes place, he loses half the pleasure, which God knows he has little enough of; and ten to one but you have told him of some love-making with a bad ending.

A sick person also intensely enjoys hearing of any *material* good, any positive or practical success of the right. He has so much of books and fiction, of principles, and precepts, and theories; do, instead of advising him with advice he has heard at least fifty times before, tell him of one benevolent act which has really succeeded practically,—it is like a day's health to him.*

You have no idea what the craving of sick with undiminished power of thinking, but little power of doing, is to hear of good practical action, when they can no longer partake in it.

Do observe these things, especially with invalids. Do remember how their life is to them disappointed and incomplete. You see them lying there with miserable disappointments, from which they can have no escape but death, and you can't remember to tell them of what would give them so much pleasure, or at least an hour's variety.

They don't want you to be whining with them, they like you to be fresh and active and interested, but they cannot bear absence of mind, and they are so tired of the advice and preaching they receive from every body, no matter whom it is, they see.

There is no better society than babies and sick people for one another. Of course you must manage this so that neither shall suffer from it, which is perfectly possible. If you think the "air of the sick room" bad for the baby, why it is bad for the invalid too, and, therefore, you will of course correct it for both. It freshens up a sick person's whole mind to see "the baby." And a very young child, if unspoiled, will generally adapt itself won-

* A small pet animal is often an excellent companion for the sick, for long chronic cases especially. A bird in a cage is sometimes the only pleasure of an invalid confined for years to the same room. If he can feed and clean the animal himself, he ought always to be encouraged and assisted to do so. An invalid, in giving an account of his nursing by a nurse and a dog, infinitely preferred that of the dog; "above all, it did not *talk*."

derfully to the ways of a sick person, if the time they spend together is not too long.

If you knew how unreasonably sick people suffer from reasonable causes of distress, you would take more pains about all these things. An infant laid upon the sick bed will do the sick person thus suffering, more good than all your eloquence. A piece of good news will do the same.

It has been very justly said that sick and invalids are like children in this, there is no *proportion* in events to them. Now it is your business as their visitor to restore this right proportion for them—to show them what the rest of the world is doing. How can they find it out otherwise? You will find them far more open to conviction than children in this. And you will find that their unreasonable intensity of suffering from unkindness, from want of sympathy, &c., will disappear with their freshened interest in the big world's events. But then you must be able to give them real interests, not gossip.

And oh! how much might be spared to the dying! If anxious friends would but not ask the dying man to "give a sign;" to assure them of his "eternal salvation;" of his being "happy;" to say "farewell;" how much they would spare him!

Don't distress the dying father with, "What will become of us when you are gone?" Nor the dying child with the mother's longings to keep it. I have heard a child say, "Oh, mother, don'tee wish so! I can't die easy while thou'rt wishing!"

So also with making a will, family arrangements and the hundred other things which are often crowded into the few hours or even minutes before death, when, too, the dying are weakened by disease, confused by medicines, and either in a state of half torpor or unnatural excitement.

The sooner you settle all the affairs of life, the better. The stronger you are when you are doing it, the better, and the more chance of recovery you give yourself when you *are* ill.

It is the last straw that breaks the camel's back.

Many a last chance of life has been lost by putting off business to the last moment; most of all, the highest business of salvation. Many a so-called "miracle" has been worked by the mind, calm and freed from these anxieties, allowing the body to make the needful effort to live.

This is one of the commonest experiences of God's ways to those who have watched many death-beds. All classes are nearly

alike. But small farmers and shopkeepers are perhaps most prone to put off the business of life until death.

The physical difference of death-beds by different diseases, is little observed. Patients who die of consumption very frequently die in a state of seraphic joy and peace; the countenance almost expresses rapture. Patients who die of cholera, peritonitis, &c., on the contrary, often die in a state approaching despair. The countenance expresses horror.

In dysentery, diarrhœa, or fever, the patient often dies in a state of indifference.

Again, in some cases, even of consumption and peritonitis, there are alternations almost of ecstasy, and of despondency. In the lives of the "Saints," and in religious biographies, we often find such death-beds described truly enough. But then the patient and friends make unwise exertions to bring back the state of rapture, quite unaware that it may be only a physical state. And if it does not return, both may perhaps consider that its absence is a token of a state of "reprobation," or "back-sliding."

Friends, in all these cases, are apt to judge most unfairly of the spiritual state of the sick from the physical state.

XIII.—OBSERVATION OF THE SICK.

The most important practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms indicate improvement—what the reverse—which are of importance—which are of none—which are the evidence of neglect—and of what kind of neglect.

All this is what ought to make part, and an essential part, of the training of every nurse. At present how few there are, either professional or unprofessional, who really know at all whether any sick person they may be with is better or worse.

I can record but a very few specimens of the answers which I have heard made by friends and nurses, and accepted by physicians and surgeons at the very bed-side of the patient, who could have contradicted every word but did not—sometimes from amiability, often from shyness, oftenest from langour!

"How often have the bowels acted, nurse?" "Once, sir." This generally means that the utensil has been emptied once, it having been used perhaps seven or eight times.

"Do you think the patient is much weaker than he was six weeks ago?" "Oh no, sir; you know it is very long since he has been up and dressed, and he can get across the room now." This means that the nurse has not observed that whereas six weeks ago he sat up and occupied himself in bed, he now lies still doing nothing; that, although he can "get across the room," he cannot stand for five seconds.

Another patient who is eating well, recovering steadily although slowly, from fever, but cannot walk or stand, is represented to the doctor as making no progress at all.

It is a much more difficult thing to speak the truth than people commonly imagine. There is first the man who gives, in answer to a question asked about a thing that has been before his eyes perhaps for years, information exceedingly imperfect, or says he does not know. He has never observed. And people simply think him stupid.

The second has observed just as little, but he describes the whole thing from imagination merely, being perfectly convinced all the while that he has seen or heard it; or he will repeat a whole conversation, as if it were information which had been addressed to him; whereas it is merely what he has himself said to somebody else. This is the commonest of all. These people do not even observe that they have *not* observed nor remember that they have forgotten.

Courts of justice seem to think that anybody can speak the "whole truth and nothing but the truth," if he does but intend it. It requires many faculties combined of observation and memory to speak "the whole truth" and to say "nothing but the truth."

"I knows I fibs dreadful: but believe me, Miss, I never finds out I have fibbed until they tells me so," was a remark actually made. It is also one of much more extended application than most people have the least idea of.

I have heard thirteen persons "concur" in declaring that a fourteenth who had never left his bed, went to a distant chapel every morning at seven o'clock.

I have heard persons in perfect good faith declare, that a man came to dine every day at the house where they lived, who had never dined there once; that a person had never taken the sacrament, by whose side they had twice at least knelt at Communion; that but one meal a day came out of a hospital kitchen, which for six weeks they had seen provide from three to five and six

meals a day. Such instances might be multiplied *ad infinitum* if necessary.

Questions as asked now (but too generally) of, or about patients, would obtain no information at all about them, even if the person asked of had every information to give. The question is generally a leading question; and it is singular that people never think what must be the answer to this question before they ask it; for instance, "Has he had a good night?" Now, one patient will think he has a bad night if he has not slept ten hours without waking. Another does not think he has a bad night if he has had intervals of dozing occasionally. The same answer has actually been given as regarded two patients—one who had been entirely sleepless for five times twenty-four hours, and died of it, and another who had not slept the sleep of a regular night, without waking. Why cannot the question be asked, How many hours' sleep has ——— had? and at what hours of the night? This is important, because on this depends what the remedy will be. If a patient sleeps two or three hours early in the night, and then does not sleep again at all, ten to one it is not a sleeping dose he wants, but food or stimulus, or perhaps only warmth. If, on the other hand, he is restless, and awake all night, and is drowsy in the morning, he probably wants sedatives, either quiet, coolness, or medicine, a lighter diet, or all four. Now the doctor should be told this; or how can he judge what to give?

How few there are who, by five or six pointed questions, can elicit the whole case and get accurately to know and to be able to report *where* the patient is.

I knew a very clever physician, of large dispensary and hospital practice, who invariably began his examination of each patient with "Put your finger where you *be* bad." That man would never waste his time with collecting inaccurate information from nurse or patient. Leading questions always collect inaccurate information.

At a recent celebrated trial, the following leading question was put successively to nine distinguished medical men. "Can you attribute these symptoms to anything else but poison?" And out of the nine, eight answered "No!" without any qualification whatever. It appeared, upon cross-examination:—1. That none of them had ever seen a case of the kind of poisoning supposed. 2. That none of them had ever seen a case of the kind of disease to which the death, if not to poison, was attributable. 3. That

none of them were even aware of the main fact of the disease and condition to which the death was attributable.

Surely nothing stronger can be adduced to prove what little use leading questions are of, and what they lead to.

I had rather not say how many instances I have known, where, owing to this system of leading questions, the patient has died, and the attendants have been actually unaware of the principal feature of the case.

It is useless to go through all the particulars, besides sleep, in which people have a peculiar talent for gleaning inaccurate information. As to food, for instance, I often think that that most common question, How is your appetite? can only be put because the questioner believes the questioned has really nothing the matter with him, which is very often the case. But where there is, the remark holds good which has been made about sleep. The *same* answer will often be made as regards a patient who cannot take two ounces of solid food per diem, and a patient who does not enjoy five meals a day as much as usual.

Again, the question, How is your appetite? is often put when How is your digestion? is the question meant. No doubt the two things often depend on one another. But they are quite different. Many a patient can eat, if you can only "tempt his appetite." The fault lies in your not having got him the thing that he fancies. But many another patient does not care between grapes and turnips,—everything is equally distasteful to him. He would try to eat anything which would do him good; but everything "makes him worse." The fault here generally lies in the cooking. It is not his "appetite" which requires "tempting;" it is his digestion, which requires sparing. And good sick cookery will save the digestion half its work.

There may be four different causes, any one of which will produce the same result, viz., the patient slowly starving to death from want of nutrition.

1. Defect in cooking;
2. Defect in choice of diet;
3. Defect in choice of hours for taking diet;
4. Defect of appetite in patient.

Yet all these are generally comprehended in the one sweeping assertion that the patient has "no appetite."

Surely many lives might be saved by drawing a closer distinction; for the remedies are as diverse as the causes. The remedy

for the first is, to cook better; for the second, to choose other articles of diet; for the third, to watch for the hours when the patient is in want of food; for the fourth, to show him what he likes, and sometimes unexpectedly. But no one of these remedies will do for any other of the defects not corresponding with it.

It cannot too often be repeated that patients are generally either too languid to observe these things, or too shy to speak about them; nor is it well that they should be made to observe them, it fixes their attention upon themselves.

Again, I say, what *is* the nurse or friend there for except to take note of these things, instead of the patient doing so?

It is commonly supposed that the nurse is there to spare the patient from making physical exertion for himself—I would rather say, that she ought to be there to spare him from taking thought for himself. And I am quite sure, that if the patient were spared all thought for himself and *not* spared all physical exertion, he would be the gainer. The reverse is generally the case in the private house. In the hospital it is the relief from all anxiety, afforded by the rules of a well-regulated institution, which has often such a beneficial effect upon the patient.

"Can I do anything for you?" says the thoughtless nurse—and the uncivil patient invariably answers "no"—the civil patient, "no, thank you." The fact is, that a real patient will rather go without almost anything than make the exertion of thinking *what* the nurse has left undone. And surely it is for her, not for him, to make this exertion. Such a question is, on her part, a mere piece of laziness, under the guise of being "obliging." She wishes to throw the trouble on the patient of nursing himself.

Again, the question is sometimes put, Is there diarrhœa? And the answer will be the same, whether it is just merging into cholera, whether it is a trifling degree brought on by some trifling indiscretion, which will cease the moment the cause is removed, or whether there is no diarrhœa at all, but simply relaxed bowels.

It is useless to multiply instances of this kind. As long as observation is so little cultivated as it is now, I do believe that it is better for the physician *not* to see the friends of the patient at all. They will oftener mislead him than not. And as often by making the patient out worse as better than he really is.

In the case of infants, *everything* must depend upon the accurate observation of the nurse or mother who has to report. And how seldom is this condition of accuracy fulfilled!

It is the real test of a nurse whether she can nurse a sick infant. Of *it* she can never ask, "Can I do anything for you?"

A celebrated man, though celebrated only for foolish things, has told us that one of his main objects in the education of his son, was to give him a ready habit of accurate observation, a certainty of perception, and that for this purpose one of his means was a month's course as follows:—He took the boy rapidly past a toy-shop; the father and son then described to each other as many of the objects as they could, which they had seen in passing the windows, noting them down with pencil and paper, and returning afterwards to verify their own accuracy. The boy always succeeded best, *e.g.*, if the father described 30 objects, the boy did 40, and scarcely ever made a mistake.

How wise a piece of education this would be for much higher objects; and in our calling of nurses the thing itself is essential. For it may safely be said, not that the habit of ready and correct observation will by itself make us useful nurses, but that without it we shall be useless with all our devotion.

One nurse in charge of a set of wards not only carries in her head all the little varieties in the diets which each patient is allowed to fix for himself, but also exactly what each patient has taken during each day. Another nurse, in charge of one single patient, takes away his meals day after day all but untouched, and never knows it.

If you find it helps you to note down such things on a bit of paper, in pencil, by all means do so. Perhaps it more often lames than strengthens the memory and observation. But if you cannot get the habit of observation one way or other, you had better give up the being a nurse, for it is not your calling, however kind and anxious you may be.

Surely you can learn at least to judge with the eye how much an oz. of solid food is, how much an oz. of liquid. You will find this helps your observation and memory very much, you will then say to yourself "A. took about an oz. of his meat to-day:" "B. took three times in 24 hours about ½ pint of beef tea;" instead of saying "B. has taken nothing all day," or "I gave A. his dinner as usual."

I have known several of our real old-fashioned hospital "sisters"

who could, as accurately as a measuring glass, measure out all their patient's wine and medicine by the eye, and never be wrong. I do not recommend this,—one must be very sure of one's self to do it. I only mention it, because if a nurse can by practice measure medicine by the eye, surely she is no nurse who cannot measure by the eye about how much food (in oz.) her patient has taken. In hospitals those who cut up the diets give with quite sufficient accuracy, to each patient, his 12 oz. or his 6 oz. of meat without weighing. Yet a nurse will often have patients loathing all food and incapable of any will to get well, who just tumble over the contents of the plate or dip the spoon in the cup to deceive the nurse, and she will take it away without ever seeing that there is just the same quantity of food as when she brought it, and she will tell the doctor, too, that the patient has eaten all his diets as usual, when all she ought to have meant is that she has taken away his diets as usual.

Now what kind of a nurse is this?

There are two causes for mistakes of inadvertence. 1. A want of ready attention; only part of a patient's request is heard at all. 2. A want of the habit of observation.

To a nurse I would add, take care that you always put the same things in the same places; you don't know how suddenly you may be called on some day to find something, and may not be able to remember in your haste where you yourself had put it, if your memory is not in the habit of seeing the thing there always.

Good nursing consists simply in observing little things which are common to all sick, and those which are particular to each sick individual.

Some people have a curious power over animals. They can collect wild birds round them in a wood. This, once thought witchcraft, is now supposed to be some peculiar power, which we can't see into, like the calculating boy's. It is nothing at all but the minute observation of the habits and instincts of birds.

So the "peculiar power" of one nurse, and the want of power of another over her patient, is nothing at all but minute observation in the former of what affects him, and want of observation in the latter.

In nothing is this more remarkable than in inducing patients to take food. A patient is sinking for want of it under one nurse; you put him under another, and he takes it directly. How is

this? People say, oh! she has a command over her patients. It is no command. It is the way she feeds him, or the way she pillows his head, so that he can swallow comfortably. Opening the window will enable one patient to take his food; washing his face and hands another; merely passing a wet towel over the back of the neck, a third; a fourth, who is a depressed suicide, requires a little cheering to give him spirit to eat. The nurse amuses him with giving some variety to his ideas. I remember that, when very ill, the way in which one nurse put the spoon into my mouth enabled me to swallow, when I could not if I was fed by any one else.

It is just the observation of all these little things, no unintelligible "influence," which enables one woman to save life; it is the want of such observation which prevents another from finding the means to do so.

Even delirium, which seems to place the patient so out of the reach of all human relief, that he is shrieking and calling for you, and you cannot make him understand that you are there by him, is often increased by an awkward noise or touch, and yet the nurse who does so never perceives it.

Again, few things press so heavily on one suffering from long and incurable illness, as the necessity of telling his nurse, from time to time, who will not otherwise see, that he cannot do this or that, which he could do a month or a year ago. What is a nurse there for, if she cannot observe these things for herself? Yet I have known more accidents (fatal, slowly or rapidly) arising from this want of observation among nurses than from almost anything else. Because a patient could get out of a warm bath alone a month ago—because a patient could walk as far as his door, or call so as to be heard a week ago, the nurse concludes that he can do so now. She has never observed the change; and the patient is lost from being left in a helpless state of exhaustion, till some one accidentally comes in. And this not from any unexpected apoplectic, paralytic, or fainting fit (though even these could be expected far more, at least, than they are now, if we did but *observe*). No, from the expected, or to be expected, inevitable, visible, calculable, uninterrupted increase of weakness, which none need fail to observe.

Again, a patient not usually confined to bed, is compelled, by an attack of diarrhœa, vomiting, or other accident, to keep his bed for a few days; he gets up for the first time, and the nurse

lets him go into another room, without coming in, a few minutes afterwards, to look after him. It never occurs to her that he is quite certain to be faint, or cold, or to want something. She says, as her excuse, Oh, he does not like to be fidgeted after. Yes, he said so some weeks ago; but he never said he did not like to be "fidgeted after," when he is in the state he is in now; and if he did, you ought to make some excuse to go to him. More patients have been lost in this way than is at all generally known, viz., from relapses brought on by being left for an hour or two, faint, or cold, or hungry, after getting up for the first time.

You do not know how small is the power of resistance in a weak patient—how he will succumb to habits of the nurse, which occasion him positive pain for the time, and total prostration for the whole day, rather than remonstrate. A good nurse gets the patient into a good habit, such as washing and dressing at different times so as to spare his strength. A bad nurse succeeds, and the patient adopts her bad ways without a struggle. *Patients do what they are expected to do.* This is equally important to be remembered, for good as well as for bad.

There are two habits of mind often equally misleading :—(1.) a want of observation of conditions, and (2.) a habit of taking averages.

1. Men whose profession, like that of medical men, leads them to observe only, or chiefly, palpable and permanent organic changes are often just as wrong in their opinion of the result as those who do not observe at all. For instance, there is a cancer or a broken leg; the surgeon has only to look at it once to know; it will not be different if he sees it in the morning to what it would have been had he seen it in the evening. In whatever conditions the broken leg is, or is likely to be, there will still be the broken leg until it is united. The same with many organic diseases. An experienced physician has but to feel the pulse once, and he knows that there is aneurism which will kill some time or other.

But with the great majority of cases, there is nothing of the kind; and the power of forming any correct opinion as to the result must entirely depend upon an inquiry into all the conditions in which the patient lives. In a complicated state of society in large towns, death, as every one of great experience knows, is far less often produced by any one organic disease, than by some

illness, after many other diseases, producing just the sum of exhaustion necessary for death.

There is nothing so absurd, nothing so misleading as the verdict one so often hears: So-and-so has no organic disease,—there is no reason why he should not live to extreme old age; sometimes the clause is added, sometimes not: Provided he has quiet, good food, good air, &c., &c., &c.; the verdict is repeated by ignorant people *without* the latter clause; or there is no possibility of the conditions of the latter clause being obtained; and this, the *only* essential part of the whole, is made of no effect.

I have known two cases, the one of a man who intentionally and repeatedly displaced a dislocation, and was kept and petted by all the surgeons; the other of one who was pronounced to have nothing the matter with him, there being no organic change perceptible, but who died within the week. In both these cases, it was the nurse who, by accurately pointing out what she had accurately observed to the doctors, saved the one case from persevering in a fraud, the other from being discharged when actually in a dying state.

But one may even go further and say, that in diseases which have their origin in the feeble or irregular action of some function, and not in organic change, it is quite an accident if the doctor who sees the case only once a day, and generally at the same time, can form any but a negative idea of its real condition. In the middle of the day, when such a patient has been refreshed by light and air, by his tea, his beef tea, and his brandy, by hot bottles to his feet, by being washed and by clean linen, you can scarcely believe that he is the same person as he lay with a rapid fluttering pulse, with puffed eyelids, with short breath, cold limbs, and unsteady hands, this morning. Now what is a nurse to do in such a case? Not cry, "Lord bless you, sir, why, you'd have thought he were a dying all night." This may be true, but it is not the way to impress with the truth a doctor, more capable of forming a judgment from the facts, if he did but know them, than you are. What he wants is not your opinion, however respectfully given, but your facts. In all diseases it is important, but in diseases which do not run a distinct and fixed course, it is not only important, it is essential, that the facts the nurse alone can observe, should be accurately observed and accurately reported to the doctor.

The nurse's attention should be directed to the extreme varia-

tion there is not unfrequently in the pulse of such patients during the day. A very common case is this: Between 3 and 4 A.M. the pulse becomes quick, perhaps 130, and so thready it is not like a pulse at all, but like a string vibrating just underneath the skin. After this the patient gets no more sleep. About midday the pulse has come down to 80; and though feeble and compressible, is a very respectable pulse. At night, if the patient has had a day of excitement, it is almost imperceptible. But if the patient has had a good day, it is stronger and steadier and not quicker than at midday.. This is a common history of a common pulse; and others, equally varying during the day, might be given. Now, in inflammation, which may almost always be detected by the pulse, in typhoid fever, which is accompanied by the low pulse that nothing will raise, there is no such great variation. And doctors and nurses become accustomed not to look for it. The doctor indeed cannot. But the variation is in itself an important feature.

Cases like the above often "go off rather suddenly," as it is called, from some trifling ailment of a few days, which just makes up the sum of exhaustion necessary to produce death. And everybody cries, Who would have thought it?—except the observing nurse, if there is one, who had always expected the exhaustion to come, from which there would be no rally, because she knew the patient had no capital in strength on which to draw, if he failed for a few days to make his barely daily income in sleep and nutrition.

Really good nurses are often distressed, because they cannot impress the doctor with the real danger of their patient; and quite provoked because the patient "will look," either "so much better," or "so much worse," than he really is "when the doctor is there." The distress is very legitimate, but it generally arises from the nurse not having the power of laying clearly and shortly before the doctor the facts from which she derives her opinion, or from the doctor being hasty and inexperienced, and not capable of eliciting them. A man who really cares for his patients, will soon learn to ask for and appreciate the information of a nurse, who is at once a careful observer and a clear reporter.

In Life Insurance and such like societies, were they instead of having the persons examined by a medical man, to have the houses, conditions, ways of life, of these persons examined, at how much truer results would they arrive! W. Smith appears

a fine hale man, but it might be known that the next cholera epidemic he runs a bad chance. Mr. and Mrs. J. are a strong healthy couple, but it might be known that they live in such a house, in such a part of London, so near the river, that they will kill four-fifths of their children; which of the children will be the ones to survive might also be known.

2. Averages again do not lead to minute observation. "Average mortalities" merely tell that so many per cent. die in this town, and so many in that, per annum. But whether A. or B. will be among these, the "average rate" of course does not tell. We know, say, that from 22 to 24 per 1,000 will die in London next year. But minute inquiries into conditions enable us to know that in such a district, nay, in such a street—or even on one side of that street, in such a particular house, or even on one floor of that particular house, will be the excess of mortality; that is, the person will die who ought not to have died before old age.

Now, would it not very materially alter the opinion of whoever were endeavouring to form one, if he knew that from that floor of that house of that street the man came? And would you not avoid that floor and that house?

It is well known that the same names may be seen constantly recurring on workhouse books for generations. That is, the persons were born and brought up, and will be born and brought up, generation after generation, in the conditions which make paupers. Death and disease are like the workhouse; they take from the same family, the same house, or, in other words, the same conditions. Why will we not observe what these are, and how to prevent them?

The close observer may safely predict that such a family, whether its members marry or not, will become extinct; that such another will degenerate morally and physically. But who learns the lesson? On the contrary, it may be well known that the children die in such a house at the rate of 8 out of 10; one would think that nothing more need be said; for how could Providence speak more distinctly?—yet nobody listens, the family goes on living there till it dies out, and then some other family takes it. Neither would they listen "if one rose from the dead."

XIV.—CONVALESCENCE.

Many, indeed most, of the hints given for sickness will not do for convalescence; for instance, the *patient's* fancies about diet

are often valuable indications to follow—the *convalescent's* often the reverse.

When convalescence has fairly set in, the patient very often has longings, especially for articles of food, which, if incautiously indulged, may lead to violent reaction, or even to relapse. The medical attendant is, of course, the best judge of the food and regimen required; but during convalescence he is not there day by day, very often not above once or twice a week; and the nurse, at one of the most important periods of her patient's life, is left almost to herself—she has to be doctor and nurse too.

It has happened that a single well-meant but ill-directed indulgence has ended in death.

The nurse has often to deal not only with the patient's appetite, but with the officiousness of his friends. Some unwholesome, perhaps poisonous, delicacy is one of the first offerings generally made by them.

On the other hand, it may be that the main difficulty in the recovery is the patient's *want* of appetite, most likely to occur where he has no change in air. In such cases the nurse must exercise the same care in regard to diet and the times at which it is to be given, as is indicated for sickness at Chap. VI.

There are other indulgences besides those of the stomach which require to be kept under check. Some patients are apt to overexert themselves in various ways, to incur unnecessary exposure and fatigue, perhaps to be followed by sitting in a draught. Friends often carry on long and exhausting conversations, or prolonged readings, at one time, which are followed by a loss of power to the patient, requiring some time for its recovery. Errors in too much or too little clothing have also to be guarded against; but as a rule convalescents require warm clothing.

In all these things, a convalescent is, so to speak, like a child; neither mind nor body has recovered its proper tone, and for a certain time differing in different diseases, the nurse has to guide him by her own experience.

Change, a change of air, is of the very first importance as soon as the disease has "taken a turn." Everybody must have remarked how a person recovering remains sometimes for weeks without making any progress, yet with apparently nothing the matter with him. The change from a ground-floor to an upstairs room will sometimes hasten a patient's recovery. The mere move will give him a fillip. Change is essential. He must go

to another place, or even only to another room. Then he immediately begins to "pick up." This is every-day experience. But, with the poor, "change of air" is next to impossible. A place with the most careful nursing and every comfort, *together with country air*, would save many lives from being spent in the Union Workhouse, many from requiring poor-law relief at all, many from giving birth to unhealthy families, and many premature deaths.

There are those to whom this subject appears unimportant; such people say, when a sick man is convalescing, he is doing well, and there is an end of it. They never consider that convalescence has its degrees and its course the same as disease. And you may have a very long convalescence instead of a short one, or perhaps no convalescence at all, by simply entertaining the habit of thought that "there is an end of it."

Such people do not see "why convalescents are to be *nursed* at all." And yet persons who have taken the pains to watch are perfectly well aware that many cases would be irretrievably lost but for careful nursing. Some would become permanent invalids; others burdens to themselves and their friends for the rest of their days. There may be return to *life;* but return to health and usefulness depends upon the *after*-nursing in almost all cases. Careful nursing has done in a few weeks what uncareful medical observation has declared it impossible to do in less than two years. Long convalescence ending in relapse or death is by no means unfrequent among the poor.

Follow these people to their homes, and what do you find? A straightened household, overtaxed to the utmost by a long illness of its head or support, receiving back, perhaps from expected death, its head (not to be a *support* but) to be a further call upon it for nursing, clothing, and above all for suitable food and comforts. There can be no doubt that these defective recoveries, gone through in bad air and in the absence of almost every requisite, eventually go to swell the Death List; nor that apparently hopeless cases would recover, if sick poor were enabled by their richer neighbours to have change of air.

XV.—WHAT IS A NURSE?

THE very alphabet of a nurse is to be able to read every change which comes over a patient's countenance, without causing him the exertion of saying what he feels. What would many a nurse do otherwise than she does, if her patient were a valuable piece

of furniture or a sick cow? I do not know. Yet a nurse must be something more than a lift or a broom. A patient is not merely a piece of furniture, to be kept clean and ranged against the wall, and saved from injury or breakage—though to judge from what many a nurse does and does not do you would say he was. But watch a good old-fashioned monthly nurse with the infant; she is firmly convinced, not only that she understands everything it "says," and that no one else can understand it, but also that it understands everything she says, and understands no one else.

Now a nurse *ought* to understand in the same way every change of her patient's face, every change of his attitude, every change of his voice. And she ought to study them till she feels sure that no one else understands them so well. She may make mistakes, but she is *on the way* to being a good nurse. Whereas the nurse who never observes her patient's countenance at all, and never expects to see any variation, any more than if she had the charge of delicate china, is on the way to nothing at all. She never will be a nurse.

"He hates to be watched," is the excuse of every careless nurse. Very true. All sick people and all children "hate to be watched." But find a nurse who really knows and understands her children and her patients, and see whether these are aware that they have been "watched." It is not the staring at a patient which tells the really observant nurse the little things she ought to know.

People often talk of a nurse who has been ten or fifteen years with the sick, as being an "experienced nurse." But it is observation only which makes experience; and a woman who does not observe might be fifty or sixty years with the sick and never be the wiser.

Nay more, experience sometimes tells in the opposite direction. A farmer "who practises the blunders of his predecessors," is often said to be "a practical man;" and she who perpetuates the "blunders of her predecessors" is often called an experienced nurse. The friends of a patient have been known to recommend the lodging in which he fell ill, just for the very reason which made him ill. A nurse has alleged as her reason for doing the things by which her predecessor ruined her own and her patient's health, that her predecessor "had always done them." People have taken a house because it had been emptied by death

of all its occupants. These are they whom *no* experience will teach—viz., those who cannot see or understand the practical results of what they and others do. Now it is *no* reason that A did it for B to do it. It would be a reason if the results of A's doing it had been proved to be good.

What strikes one most with many women, who call themselves nurses, is that they have not learnt this A B C of a nurse's education. The A of a nurse ought to be to know what a sick human being is. The B to know how to behave to a sick human being. The C to know that her patient is a sick human being and not an animal.

What is it to feel a *calling* for any thing? Is it not to do your work in it to satisfy your own high idea of what is the *right*, the *best*, and not because you will be "found out" if you don't do it? This is the "enthusiasm" which every one, from a shoemaker to a sculptor, must have, in order to follow his "calling" properly. Now the nurse has to do, not with shoes, or with chisel and marble, but with human beings; and if she, for her own satisfaction, does not look after her patients, no *telling* will make her capable of doing so.

A nurse who has such a "calling" will, for her own satisfaction and interest in her patient, inform herself as to the state of his pulse, which can be quite well done without disturbing him. She will have observed the state of the secretions, whether told to do so or not. Nay, the very appearance of them, a slight difference in colour, will betray to her observing eye that the utensil has not been emptied after each motion.

She will, in like manner, have observed the state of the skin, whether there is dryness or perspiration—the effect of the diet, of the medicines, the stimulants. And it is remarkable how often the doctor is deceived in private practice by not being told that the patient has just had his meal or his brandy. She will most carefully have watched any redness or soreness of the skin, always on her guard against bed-sores. Any loss of flesh will never take place unknown to her. Nor will she ever mistake puffing or swelling for gaining in flesh. She will be well acquainted with the different eruptions of fevers, measles, &c., and premonitory symptoms. She will know the shiver which betrays that matter is forming—that which shows the unconscious patient's desire to pass water—that which precedes fever. She will observe the changes of animal heat in her patient, and whether

periodical, and not consider him as a piece of wood or stone, in keeping him warm or cool.

A nurse who has such a "calling" will look at all the medicine bottles delivered to her for her patients, smell each of them, and, if not satisfied, taste each. Nine hundred and ninety-nine times there will be no mistake, but the thousandth time there may be a serious mistake detected by her means. But if she does not do this for her own satisfaction, it is no use telling her, because you may be sure that she will use neither smell nor taste to any purpose.

A nurse who has *not* such a "calling," will never be able to learn the sound of her patient's bell from that of others.

She will, when called to for hot brandy-and-water for her fainting patient, offer the weekly "Punch" (fact). Or she will wait to bring the cordial till she brings his tea (fact).

Under such a nurse, the patient never gets a hot drink. She pours out his tea, then she makes a journey to the larder for the butter, then she remembers that she has forgotten the toast, and has another journey to the kitchen fire to make the toast, then she fills a hot water bottle, and last of all she takes him his tea.

Such a nurse will never know whether her patient is awake or asleep. She will rouse him up to ask him "if he wants anything," and leave him uncared for when he *is* up.

She will make the room like an oven when he is feverish at night, and let out the fire when he is cold in the morning.

Such a nurse seems to have neither eyes, nor ears, nor hands.

She never touches anything without a crash or an upset.

She does not shut the door, but pulls it after her, so that it always bursts open again.

She cannot rub in an embrocation without making a sore, which, in too many cases, never heals during the patient's life.

She catches up a cup and saucer in one hand, and pokes the fire with the other. Both of course come to "grief." Or she carries in a tray in one hand, and a coal scuttle in the other. Both of course tip out their contents. And she, in stooping to pick them up, knocks over the bedside table upon the patient with her head (fact).

Tables are made for things to stand upon—beds for patients to lie in.

But such a nurse puts down a heavy flower-pot upon the bed, or a large book or bolster which has rolled upon the floor.

Yet these things are not done by drinking old females, but by respectable women.

Yet we are often told that a nurse needs only to be "devoted and obedient."

This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman. Consider how many women there are who have nothing to devote—neither intelligence, nor eyes, nor ears, nor hands. They will sit up all night by the patient, it is true; but their attendance is worth nothing to him, nor their observations to the doctor.

Cases have been known where the patient was cold before the nurse had observed he was dead—and yet she was not asleep—many cases where she supposed him comfortably sleeping, and he was insensible—very many where she never knew he was dying, unless he told her so himself.

But let no woman suppose that obedience to the doctor is not absolutely necessary. Only, neither doctor nor nurse lay sufficient stress upon *intelligent* obedience, upon the fact that obedience *alone* is a very poor thing.

I have known an obedient nurse, told not to disturb a very sick patient as usual at ten o'clock with some customary service which she used to perform for him then, actually leave him in the dark all night, alleging this order as her reason for not carrying in his night-light as usual.

Everybody has known the window left open in heavy fog or rain, or shut when the patient was fainting, by such obedient nurses.

There seems to be no medium for them between a furnace of a fire and no fire at all; and one is actually obliged in this variable climate to divide the year into two parts, and tell them—"Now no fire," "Now fire;" as if they were volunteer riflemen. You cannot trust them to make a *small* fire, although in England it is a question whether, except when the air without is hotter than the air within, patients are not always the better of some fire, if only to promote ventilation. But no; such nurses make it impossible.

The elements of a nurse's duty are to observe the state of the pulse; the effect of the diet,—of sleep, whether it has been disturbed; whether there have been startings up in bed—a common mark of fatal disease; whether it has been a heavy, dull sleep, with stertorous breathing; whether there has been twitching of

the bed-clothes,—to observe the state of the expectoration, the rusty expectoration of pneumonia, the frothy expectoration of pleurisy, the viscid mucous expectoration of bronchitis, the blood-streaked, dense, heavy expectoration which often occurs in consumption,—the nature of the cough itself by which the expectoration is expelled,—to observe the state of the secretions (yet nine-tenths of all nurses know nothing about these), whether the motions are costive or relaxed, and what is their colour, or whether there are alternations every few days of diarrhœa, and of no action of the bowels at all; whether the urine is high-coloured or pale, excessive or scanty, muddy or clear, or whether it is high-coloured when the bowels do not act, and pale when there is diarrhœa; whether there is ever blood in the motions,—in children, whether there are worms. All these things most nurses do not appear to consider it their business to observe.

The condition of the breathing and the position in which the patient breathes most easily, is another thing essential for the nurse to observe. In heart complaints life is often extinguished by the patient "accidentally" falling into a position in which he cannot breathe—and life is preserved by an "accidental" change of position. Now, what a thing it is to have to say of a nurse that it was not through her means, but through an "accident" that her patient was able to breathe.

Another essential duty of the nurse is, to observe the action of medicine; as, for instance, that of quinine. The sore throat, the deafness, the tight feeling in the head, are well known effects of quinine. But the loss of memory it often occasions, is seldom known except to a very observant nurse. Indeed, she has often not memory enough herself to remember that the patient has forgotten.

A good nurse scarcely ever asks a patient a question—neither as to what he feels nor as to what he wants. But she does not take for granted, either to herself or to others, that she knows what he feels and wants, without the most careful observation and testing of her own observations.

But why, for instance, should a nurse ask a patient every day, "Shall I bring your coffee?" or "your broth?" or whatever it is—when she has every day brought it to him at that hour. One would think she did it for the sake of making the patient speak. Now, what the patient most wants is, never to be called upon to speak about such things.

Remember, every nurse should be one who is to be depended upon; in other words, capable of being a "confidential" nurse. She does not know how soon she may find herself placed in such a situation; she must be no gossip, no vain talker; she should never answer questions about her sick except to those who have a right to ask them; she must, I need not say, be strictly sober and honest; but more than this, she must be a religious and devoted woman; she must have a respect for her own calling, because God's precious gift of life is often literally placed in her hands; she must be a sound, and close, and quick observer; and she must be a woman of delicate and decent feeling.

XVI.—"MINDING BABY."

And now, girls, I have a word for you. You and I have all had a great deal to do with "minding baby," though "baby" was not our own baby. And we would all of us do a great deal for baby, which we would not do for ourselves.

Now, all that I have said about nursing grown-up people applies a great deal more to nursing baby. For instance, baby will suffer from a close room when you don't feel that it is close. If baby sleeps even for a few hours, much more if it is for nights and nights—in foul air, baby will, without any doubt whatever, be puny and sickly, and most likely have measles or scarlatina, and not get through it well.

Baby will feel want of fresh air more than you. Baby will feel cold much sooner than you. Above all, baby will suffer more from not being kept clean (only see how it enjoys being washed in nice luke-warm water). Baby will want its clothes and its bed clothes changed oftener than you. Baby will suffer more from a dirty house than you. Baby *must* have a cot to itself; else it runs the risk of being over-laid or suffocated. Baby must not be covered up too much in bed, nor too little. The same when it is up. And you must look after these things. Mother is perhaps too busy to see whether baby is too much muffled up or too little.

You must take care that baby is not startled by loud sudden noises; all the more you must not wake it in this way out of its sleep. Noises which would not frighten you, frighten baby.

And many a sick baby has been killed in this way.

You must be very careful about its food; about being strict to

the minute for feeding it; not giving it too much at a time (if baby is sick after its food, you *have* given it too much). Neither must it be under fed. Above all, never give it any unwholesome food, nor anything at all to make it sleep, unless the doctor orders it.

If you knew how many, even well-to-do, babies I have known who have died from having had something given to make them sleep, and "keep them quiet,"—not the first time, nor the second, nor the tenth time perhaps,—but at last.

I could tell you many true stories, which have all happened within my own knowledge, of mischief to babies from their nurses neglecting these things.

Here are a few.

1. Baby, who is weaned, requires to be fed often, regularly, and not too much at a time.

I knew a mother whose baby was in great danger one day from convulsions. It was about a year old. She said she had wished to go to church; and so, before going, had given it its three meals in one. Was it any wonder that the poor little thing had convulsions?

I have known (in Scotland) a little girl, not more than five years old, whose mother had to go great distances every day, and who was trusted to feed and take care of her little brother, under a year old. And she always did it right. She always did what mother told her. A stranger, coming into the hut one day (it was no better than a hut), said "You will burn baby's mouth." "Oh no," she said, "I always burn my own mouth first."

2. When I say, be careful of baby, I don't mean have it always in your arms. If the baby is old enough, and the weather warm enough for it to have some heat in itself, it is much better for a child to be crawling about than to be always in its little nurse's arms. And it is much better for it to amuse itself than to have her always making noises to it.

The healthiest, happiest, liveliest, most beautiful baby I ever saw was the only child of a busy laundress. She washed all day in a room with the door open upon a larger room, where she put the child. It sat or crawled upon the floor all day with no other play-fellow than a kitten, which it used to hug. Its mother kept it beautifully clean, and fed it with perfect regularity. The child was never frightened at anything. The room where it sat was the house-place; and it always gave notice to its mother when any

body came in, not by a cry, but by a crow. I lived for many months within hearing of that child, and never heard it cry day or night.

I think there is a great deal too much of amusing children now; and not enough of letting them amuse themselves.

Never distract a child's attention. If it is looking at one thing, don't show it another; and so on.

3. At the same time, dulness and especially want of light, is worse for children than it is for you.

A child was once brought up quite alone in a dark room, by persons who wished to conceal its being alive. It never saw any one, except when it was fed; and though it was treated perfectly kindly, it grew up an idiot. This you will easily guess.

Plenty of light, and sun-light particularly, is necessary to make a child active, and merry, and clever. But, of all things, don't burn baby's brains out by letting the sun bake its head when out, especially in its little cart, on a hot summer's day.

Never leave a child in the dark; and let the room it lives in be *always* as light as possible, and as sunny. Except, of course, when the doctor tells you to darken the room, which he will do in some children's illnesses.

4. Do you know that one-half of all the nurses in service are girls of from five to twenty years old? You see you are very important little people. Then there are all the girls who are nursing mother's baby at home; and, in all these cases, it seems pretty nearly to come to this, that baby's health for its whole life depends upon you, girls, more than upon anything else.

I need hardly say to you, What a charge! For I believe that you, all of you, or nearly all, care about baby too much not to feel this nearly as much as I do. You, all of you, want to make baby grow up well and happy, if you knew how.

So I say again,—

5. The main want of baby is always to have fresh air.

You can make baby ill by keeping the room where it sleeps tight shut up, even for a few hours.

You can kill baby when it *is* ill by keeping it in a hot room, with several people in it, and all the doors and windows shut.

The doctor who looks after the Queen's children says so.

This is the case most particularly when the child has something the matter with its lungs and its breathing.

I found a poor child dying in a small room, tight shut up, with

a large fire, and four or five people round it to see it die. Its breathing was short and hurried; and it could not cough up what was choking its lungs and throat—*mucus* it is called. The doctor, who was a very clever man, came in, set open door and window, turned everybody out but one, and stayed two hours to keep the room clear and fresh. He gave the child no medicine; and it was cured simply by his fresh air.

A few hours will do for baby, both in killing and curing it, what days will not do for a grown-up person.

Another doctor found a child (it was a rich one) dying in a splendid close room, nearly breathless from throat-complaint. He walked straight to the window and pulled it open; "for," he said, "when people can breathe very little air, they want that little good." The mother said he would kill the child. But, on the contrary, the child recovered.

But,—

6. Take you care not to let a draught blow upon a child, especially a sick child.

Perhaps you will say to me, "I don't know what you would have me do. You puzzle me so. You tell me, don't feed the child too much, and don't feed it too little; don't keep the room shut up, and don't let there be a draught; don't let the child be dull, and don't amuse it too much." Dear little nurse, you must learn to *manage*. Some people never do learn management. I have felt all these difficulties myself; and I can tell you that it is not from reading my book that you will learn to mind baby well, but from practising yourself how best to manage to do what other good nurses (and my book, if you like it,) tell you.

But about the draughts.

It is all nonsense what some old nurses say, that you can't give baby fresh air without giving it a chill; and, on the other hand, you may give baby a chill which will kill it (by letting a draught blow upon it when it is being washed, for instance, and chilling its whole body, though only for a moment), without giving it fresh air at all; and depend upon this, the less fresh air you give to its lungs, and the less water you give to its skin, the more liable it will be to colds and chills.

If you can keep baby's air always fresh in doors and out of doors, and never chill baby, you are a good nurse.

A sick baby's skin is often cold, even when the room is quite

close. Then you must air the room, and put hot flannels or hot bottles (not too hot) next baby's body, and give it its warm food.

But I have often seen nurse doing just the contrary; namely, shutting up every chink and throwing a great weight of bed-clothes over the child, which makes it colder, as it has no heat in itself.

You would just kill a feverish child by doing this.

A children's doctor, very famous in London, says that when a sick child dies, it is just as often an *accident* as not; that is, people kill it by some foolish act of this kind, just as much as if they threw it out of window. And he says too, that when a sick child dies suddenly, it is almost always an accident. It might have been prevented. It was *not* that the child was ill, and so its death could not be helped, as people say.

He tells us what brings on these sudden deaths in sick children:—Startling noises; chilling the child's body; wakening it suddenly; feeding it too much or too quickly; altering its posture suddenly, or shaking it roughly; frightening it. And to this you may add (more than anything else, too), *keeping it in foul air, especially when asleep, especially at night*, even for a few hours, and even when you don't feel it yourself. This is, most of all, what kills babies.

Baby's breathing is so tender, so easily put out of order. Sometimes you see a sick baby who seems to be obliged to attend to every breath it draws, and to "breathe carefully," in order to breathe at all; and if you disturb it rudely, it is all over with baby. Anything which calls upon it for breath may stop it altogether.

7. *Remember to keep baby clean.* I can remember when mothers boasted that *their* "children's feet had never been touched by water; no, nor any part of them but faces and hands;" that somebody's "child had had its feet washed, and it never lived to grow up, &c."

But we know better now. And I dare say you know that to keep every spot of baby's body always clean, and never to let any pore of its tender skin be stopped up by dirt or unwashed perspiration is the only way to keep baby happy and well.

It is a great deal of trouble; but it is a great deal more trouble to have baby sick.

The safest thing is to wash baby all over once or twice a day;

and to wash it besides whenever it has had an accidental wetting. You know how easily its tender skin gets chafed.

There may be danger in washing a child's feet and legs only. There never can be in washing it all over. Its clothes should be changed oftener than yours, because of the greater quantity baby perspires. If you clothe baby in filth, what can you expect but that it will be ill? Its clothes must never be tight, but light and warm. Baby, if not properly clothed, feels sudden changes in the weather much more than you do. Baby's bed-clothes must be clean oftener than yours.

Now, can you remember the things you have to mind for baby? There is—

1. Fresh air.
2. Proper warmth.
3. Cleanliness for its little body, its clothes, its bed, its room, and house.
4. Feeding it with proper food, at regular times.
5. Not startling it or shaking either its little body or its little nerves.
6. Light and cheerfulness.
7. Proper clothes in bed and up.

And management in *all* these things.

I would add one thing. It is as easy to put out a sick baby's life as it is to put out the flame of a candle. Ten minutes' delay in giving it food may make the difference.

CONCLUSION.

THE whole of the preceding remarks apply even more to children and to women in childbed, than to patients in general. They also apply to the nursing of surgical, quite as much as to that of medical cases. Indeed, if it be possible, accidents require such care even more than sick. The nurse must be ever on the watch, ever on her guard, against want of cleanliness, foul air, want of light, and of warmth.

During recovery from an accident the patient may be, and ought to be, in perfect health. And it is often the fault of the nurse if he is not. Let no one think that because *sanitary* nursing is the subject of these notes, therefore what may be called the handicraft of nursing is to be undervalued. A patient may be left to bleed to death in a sanitary palace. Another, who cannot move

himself, may die of bed-sores, because the nurse does not know how to change and clean him, while he has every requisite of air, light, and quiet. But nursing, as a handicraft, has not been treated of here for three reasons: 1. that these notes do not pretend to be a manual for nursing, any more than for cooking for the sick; 2. that the writer, who has herself seen more of what may be called surgical nursing, *i.e.*, practical manual nursing, than perhaps any one in Europe, honestly believes that it is impossible to learn it from any book, and that it can only be thoroughly learnt in the wards of a hospital; 3. while thousands die of foul air, &c., who have this surgical nursing to perfection, the converse is comparatively rare.

To sum up:—the answer to two of the commonest objections urged against the desirableness of sanitary knowledge for women, with a caution, comprises the whole argument for the art of nursing.

(1.) It is often said that it is unwise to teach women anything about these laws of health, because they will take to physicking—that there is a great deal too much of amateur physicking as it is, which is indeed true. One eminent physician told me that he had known more calomel given, both at a pinch and for a continuance, by mothers, governesses, and nurses, to children than he had ever heard of a physician prescribing in all his experience. Another says, that women's only idea in medicine is calomel and aperients. This is undeniably too often the case. There is nothing ever seen in any professional practice like the reckless physicking by amateur females. Many women, having once obtained a "bottle" from a druggist, or a pill from a quack, will give and take it for anything and everything—with what effect may be supposed. The doctor, being informed of it, substitutes for it some proper medicine. The woman complains that it "does not suit her half so well."

If women will take or give physic, by far the safest plan is to send for "the doctor" every time. There are those who both give and take physic, who will not take pains to learn the names of the commonest medicines, and confound, *e.g.*, colocynth with colchicum. This *is* playing with sharp-edged tools "with a vengeance."

There are also excellent women who will write to London to their physician that there is much sickness in their neighbourhood in the country, and ask for some prescription from him,

which they "used to like" themselves, and then give it to all their friends and to all their poorer neighbours who will take it. Now, instead of giving medicine, of which you cannot possibly know the exact and proper application, nor all its consequences, would it not be better if you were to persuade and help your poorer neighbours to remove the dunghill from before the door, to put in a window which opens, or an Arnott's ventilator, or to drain, cleanse, and lime-wash their cottages? Of these things the benefits are sure. The benefits of the inexperienced administration of medicines are by no means so sure.

An almost universal error amongst women is the supposition that everybody *must* have the bowels opened once in every twenty-four hours, or must fly immediately to aperients. The reverse is the conclusion of experience.

This is a doctor's subject, and I will not enter more into it; but will simply repeat, do not go on taking or giving to your children your abominable "courses of aperients," without calling in the doctor.

It is very seldom indeed that, by choosing your diet, you cannot regulate your own bowels; and every woman may watch herself to know what kind of diet will do this; deficiency of meat produces constipation, quite as often as deficiency of vegetables; baker's bread much oftener than either. Home-made brown bread will oftener cure it than anything else.

A really experienced and observing nurse neither physics herself nor others. And to cultivate in things pertaining to health observation and experience in women who are mothers, governesses, or nurses, is just the way to do away with amateur physicking, and, if the doctors did but know it, to make the nurses obedient to them,—helps to them instead of hindrances. Such education in women would indeed diminish the doctor's work—but no one really believes that doctors wish that there should be more illness, in order to have more work.

(2.) Nothing but observation and experience will teach us the ways to maintain or to bring back the state of health. It is often thought that medicine is the curative process. It is no such thing; medicine is the surgery of functions, as surgery proper is that of limbs and organs. Neither can do anything but remove obstructions; neither can cure; nature alone cures. Surgery removes the bullet out of the limb, which is an obstruction to cure, but nature heals the wound. So it is with medicine; the function

of an organ becomes obstructed; medicine, so far as we know, assists nature to remove the obstruction, but does nothing more. And what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him. Generally, just the contrary is done. You think fresh air, and quiet and cleanliness extravagant, perhaps dangerous, luxuries, which should be given to the patient only when quite convenient, and medicine the panacea. If I have succeeded in any measure in dispelling this illusion, and in showing what true nursing is, and what it is not, my object will have been answered.

Now for the caution :

(3.) It seems a commonly received idea among men, and even among women themselves, that it requires nothing but a loving heart, the want of an object, a general disgust or incapacity for other things, to turn a woman into a good nurse.

This reminds one of the parish where a stupid old man was set to be schoolmaster, because he was "past keeping the pigs."

Apply the above receipt for making a good nurse to making a good servant. And the receipt will be found to fail.

What cruel mistakes are sometimes made by benevolent men and women in matters of business about which they can know nothing, and think they know a great deal.

The everyday management of a sick room, let alone of a house —the knowing what are the laws of life and death for men, and what the laws of health for houses—(and houses are healthy or unhealthy, mainly according to the knowledge or ignorance of the woman)—are not these matters of sufficient importance and difficulty to require learning by experience and careful inquiry, just as much as any other art? They do not come by inspiration to the loving heart, nor to the poor drudge hard-up for a livelihood.

And terrible is the injury which has followed to the sick from such wild notions.

APPENDIX ON METHOD OF TRAINING NURSES UNDER THE NIGHTINGALE FUND AT SAINT THOMAS'S HOSPITAL, LONDON.

To women desirous of devoting themselves to nursing, the following information regarding the training of nurses in this Hospital, where a school was established in 1860, under the auspices of the Committee of the Nightingale Fund, may be of service.

We require that a woman be sober, honest, truthful, without which there is no foundation on which to build.

We train then in habits of punctuality, quietness, trustworthiness, personal neatness. We teach her how to manage the concerns of a large ward or establishment.

We train her in dressing wounds and other injuries, and in performing all those minor operations which nurses are called upon day and night to undertake.

We teach her how to manage helpless patients in regard to moving, changing, feeding, temperature, and the prevention of bed-sores.

She has to make and apply bandages, line splints for fractures, and the like. She must know how to make beds with as little disturbance as possible to their inmates. She is instructed how to wait at operations, and as to the kind of aid the surgeon requires at her hands. She is taught cooking for sick; the principles on which sick wards ought to be cleansed, aired, and warmed; the management of convalescents; and how to observe sick and maimed patients, so as to give an intelligent and truthful account to the physician or surgeon in regard to the progress of cases in the intervals between visits—a much more difficult thing than is generally supposed.

We do not seek to make "medical women," but simply nurses acquainted with the *principles* which they are required constantly to apply at the bed-side.

For the future superintendent is added instruction in the administration of a hospital, including, of course, the linen arrangements, and what else is necessary for a matron to be conversant with.

In the process of training the following are the steps:

Every candidate applying for admission is required to fill up a Form of Application, which will be supplied to her by the matron of St. Thomas's Hospital, London, S.E.

The age considered desirable for candidates is from 25 to 35. The period of training is a complete year. Board, lodging, and

washing, and a certain quantity of outer clothing, are provided free, besides a salary of £10 for the year.

After being received on a month's trial and trained for a month, if the probationer shows sufficient aptitude and character, and is herself desirous to complete her training, she is required to come under an obligation binding her to take service as a nurse for the sick poor,* for at least four years. This is the only recompense the Committee exact for the costs and advantages of training.

A list of "Duties" is put into the hands of every probationer on entering the service, as a general instruction for her guidance.

Once admitted to St. Thomas's Hospital, the probationer is placed under a head nurse (ward "sister") having charge of a ward, and performs the duties of an assistant nurse.

The ward training of the probationers is thus carried out under the ward "sisters" and matron. [The probationers are, whether on or off duty, entirely under the moral control of the matron.]

Instruction is also given by the Resident Medical Officer on duties of a medical and surgical character.

A record is kept of the conduct and qualifications of each probationer; and the character the nurse receives at the end of the year is made to correspond as nearly as may be with the results of the training.

The regulations and previous information required may be obtained by writing to the Secretary of the Nightingale Fund, H. Bonham-Carter, Esq., 91, Gloucester Terrace, Hyde Park, London, W.

Before admission, personal application should be made to Mrs. Wardroper, St. Thomas's Hospital, London, S.E.

It has occurred to me to suggest whether, among the large Union Schools, a number of girls might not be found willing and suitable to be trained as nurses.

These girls are usually put out to service between the ages of 14 and 16.

This is quite too young to put them at once into any kind of infirmary or hospital to take their chance altogether with the other probationers, especially in the men's wards.

But it is not at all too young, where arrangements and provision can be made under a proper female head, for them to learn sick cookery, cleaning, needlework, orderly habits, all that is learnt in a servants' training school, and to take their turn in doing what they can be taught to do in children's sick wards, and

* The obligation is at present limited to service in Hospitals or Infirmaries.

in female sick wards, till the full-blown hospital nurse is developed out of them.

Girls of from 14 to 16 years of age are not at all too young to choose between domestic service or hospital nursing, under the restrictions mentioned above.

These girls, if trained into good hospital nurses, would earn higher wages than girls who enter domestic service at 14 or 15 years of age ever would do.

The position as well as the wages of nurses in many hospitals and workhouse infirmaries, and also in civil life, has been very much improved of late years. Women of the age of 25 and upwards, sometimes younger, may, if duly qualified, readily obtain from £20 to £30 a-year, with everything "found;" hospital, *i.e.*, ward "sisters," in some London hospitals £50, with like advantages; and matrons or superintendents in provincial hospitals from £60 to £100, with board and lodging; in some London Hospitals, more.

The salaries given to a nursing staff, which we have sent to Sydney, New South Wales, were on a more liberal scale.

HARRISON AND SONS, PRINTERS IN ORDINARY TO HER MAJESTY, ST. MARTIN'S LANE.